



Garland Independent School District  
**Translation & Interpretation**  
**Volunteer Community Outreach (TIVCO)**

Program Application Form  
 (Please print or type)

**VOLUNTEER INFORMATION**

Name \_\_\_\_\_  
 Last First Middle

Home Address \_\_\_\_\_  
 Street Apt. #

City State ZIP+4

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**REFERENCES**

Name	Position/Relationship	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

Please list any experiences in translation or interpretations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LANGUAGES SPOKEN OTHER THAN ENGLISH:**

- |   |                                   |                                    |                                      |
|---|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> Hindi    | <input type="checkbox"/> Malayalam | <input type="checkbox"/> Spanish     |
| <input type="checkbox"/> Amharic                      | <input type="checkbox"/> Igbo     | <input type="checkbox"/> Polish    | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Arabic                       | <input type="checkbox"/> Korean   | <input type="checkbox"/> Somali    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cambodian                    | <input type="checkbox"/> Laotian  | <input type="checkbox"/> Swahili   |                                      |
|   | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Urdu      |                                      |

Please Indicate the days and hours you can volunteer to interpret: \_\_\_\_\_  
 \_\_\_\_\_

**PERSON(S) TO CONTACT IN CASE OF AN EMERGENCY:**

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

*In consideration of my volunteer work, I agree to conform to the policies and rules of the Garland Independent School District. I have read the volunteer handbook, and agree to uphold these principles in my volunteer work.*

**VOLUNTEER SIGNATURE**

\_\_\_\_\_

Campus Date

**\*CAMPUS\***  
 Please submit  
 this form to:  
**FINGERPRINTING  
 &  
 INVESTIGATIONS**  
 Box 160