



## Chattanooga Tennessee Registry of Interpreters for the Deaf

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### Mentorship Application for Mentors

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Please check all that apply:

Degree in Deaf Studies/ASL: None \_\_\_ AA/AS/AAS \_\_\_ BA/BS \_\_\_ MA/MS  
Degree in Interpreting: None \_\_\_ AA/AS/AAS \_\_\_ BA/BS \_\_\_ MA/MS  
Other Degree: Level \_\_\_\_\_ Major: \_\_\_\_\_  
Degree in Progress: Level \_\_\_\_\_ Major: \_\_\_\_\_

Please check if you hold any of the following:

\_\_\_ RID or NAD Certification - Which Certification(s) \_\_\_\_\_  
\_\_\_ Quality Assurance Screening - Which State and level? \_\_\_\_\_  
\_\_\_ Sign Communication Proficiency Interview - Which Level? \_\_\_\_\_  
\_\_\_ Educational Interpreter Proficiency Assessment - Which Level? \_\_\_\_\_  
\_\_\_ Interpreter Licensure - Which State? \_\_\_\_\_

Number of Years Signing: \_\_\_\_\_

Number of Years Interpreting: \_\_\_\_\_

Times Available to Tentatively Meet with Mentees:

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
	Mornings	Afternoon	Evenings		

*In a separate document, please include the following information:*

**Indicate your reason(s) for participating in the mentorship program.**

**What do you hope to gain from this experience both personally and professionally?**

**Have you had any prior experience mentoring individuals? If yes, when and where?**

**Please submit applications to Leslie Harms August 31, 2007.**

*Applications can be mailed to:*

**CCTRID  
C/O Leslie Harms  
P.O. Box 3067  
Chattanooga, TN 37404**