



Chattanooga Tennessee Registry of Interpreters for the Deaf

Mentorship Application:

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? _____

What classes have you had? Please check all that apply.

ASL I _____ ASL II _____ ASL III _____ ASL IV _____ ASL V _____ ASL IV _____

Deaf Culture/Orientation to Deafness _____ Deaf Education _____

ASL Linguistics _____ ASL Literature _____ Fingerspelling _____

Technical Signs _____ Basics/Fundamentals of Interpreting _____

English to ASL Interpreting/Transliterating _____

ASL to English Interpreting Transliterating _____

Oral Interpreting _____ Deaf Blind/SSP _____ Educational Interpreting _____

Religious Interpreting _____ Psychology/Sociology of Deaf People _____

Other _____ Other _____ Other _____

Number of Years Signing: _____

Number of Years Interpreting: _____

Rate your level of interpreting experience in the following areas:

0= No experience 1= Some experience 2- Extensive experience

Education: _____ List grade(s)

Educational Settings:

Computers 0 1 2 Science 0 1 2 Math 0 1 2 English 0 1 2

Theatre 0 1 2 History 0 1 2 Recreational 0 1 2 Art 0 1 2

Music 0 1 2 Other: _____ 0 1 2

Community settings:

Mental Health 0 1 2 Medical 0 1 2 Deaf/Blind 0 1 2 Religious 0 1 2

Employment 0 1 2 Performing Arts 0 1 2 Legal 0 1 2 Oral 0 1 2

Times Available to Tentatively Meet with Mentor:

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?

Please submit applications and portfolio to Leslie Harms by **September 10, 2007**.

Applications can be mailed to:

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