



Volunteer Translator Application Form

Send to: City Manager's Office; Attn: Translation Services
City of Arcadia, 240 W. Huntington Drive, Arcadia, CA 91007
mbruckner@ArcadiaCA.gov | Phone: 626-574-5401 | Fax: 626-446-5729

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

1. Are you an Arcadia resident?

- Yes
- No

2. Please select your language(s) from the list below:

- Chinese (Mandarin)
- Chinese (Cantonese)
- Spanish
- Korean
- Tagalog
- Japanese
- Vietnamese
- Hindi
- Other: _____

3. Please select your highest level of education completed:

- High School Diploma or GED
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate
- Other: _____

4. Do you have any formal training in interpreting and/or translating?

- Yes
- No

Please describe: _____

5. Do you have any professional accreditation or certification for interpreting or translating?

- Yes
- No

Please describe: _____

6. Please indicate the days/times you are available below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

*Morning: 7:30 a.m. – 12:00 p.m.*Afternoon: 12:00 p.m. – 5:30 p.m.*Evening: 5:30 p.m. – 10:00 p.m.

Signature: _____ Date: _____