

Victim Services Interpreter Bank American Sign Language Interpreter Request Form



****Please note assignments lasting more than 90 minutes require a team of interpreters****



Email this request form to InterpreterBank@ayuda.com with subject line: "ASL Interpreter Request." If the request is conference, event, or meeting please include a copy of the agenda and/or schedule with this request form.

Organization Making Request	
Requester's Name	
Requester's Phone Number & Email	
On Site Point of Contact if different from requester (This person must be on site during the event) Please include name, day of event phone number, and email address	
Address (Including City, State and Zip Code)	
Closest Metro or Cross Streets	
Type of Service Requested	<input type="checkbox"/> Client Meeting (one-on-one) <input type="checkbox"/> Conference/Event /Meeting
Is a Certified Deaf Interpreter (CDI) Required?	Is this your first time meeting with this client? <input type="checkbox"/> YES <input type="checkbox"/> NO Did your client request a CDI? <input type="checkbox"/> YES <input type="checkbox"/> NO Is ASL your client's first language? <input type="checkbox"/> YES <input type="checkbox"/> NO Does your client have multiple disabilities (such as being deaf and blind)? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your client a minor? <input type="checkbox"/> YES <input type="checkbox"/> NO Has your client ever used a Certified Deaf Interpreter before? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DO NOT KNOW
Special Requests (ie specific gender, etc.)	
Client Meetings Only	
Client's Name	
Proposed Dates for Interpretation (Please provide three possible dates and start times for the assignment)	1. 2. 3.
Estimated Duration of Assignment	
Type of Matter (Choose all that apply)	<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Trauma/Abuse <input type="checkbox"/> Trafficking <input type="checkbox"/> Torture <input type="checkbox"/> Other: _____
Conference/Event/Meeting Only	
Event Name	
Environment(s) (Choose all that apply)	<input type="checkbox"/> Auditorium <input type="checkbox"/> Conference Room <input type="checkbox"/> Government Building <input type="checkbox"/> Medical Facility <input type="checkbox"/> Other: _____
Date and Time of Conference or Meeting	
Estimated Duration of Assignment	
Number of Deaf/Hard of Hearing People Attending	
Who is the Interpreter Required For?	<input type="checkbox"/> Conference Presenter(s) <input type="checkbox"/> Attendee(s)