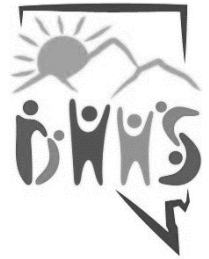




Department of Health and Human Services
 Aging and Disability Services Division
Communication Access Services Program



**CAS Mentorship Program
 Application**

Name: _____ Community Interpreter Reg. # _____

Community Registration Exp. Date: _____

Educational Interpreter Reg. # _____

Educational Registration Exp. Date: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email address: _____

Phone number: _____ Cell Home Work VP Text

County in which you reside: _____

County(ies) in which you work: _____

Professional Credentials (please list all that apply): _____

Indicate your current registration level(s) (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Educational - Apprentice | <input type="checkbox"/> Community - Skilled |
| <input type="checkbox"/> Educational - Intermediate | <input type="checkbox"/> Community - Advanced |
| <input type="checkbox"/> Educational - Advanced | <input type="checkbox"/> Community - Master |
| <input type="checkbox"/> Community - Apprentice | |

In which settings do you currently/frequently work?

- | | | | |
|--------------------|--------------------------|---------------------|--------------------------|
| Educational (K-12) | <input type="checkbox"/> | Technology | <input type="checkbox"/> |
| Medical | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> |
| DeafBlind | <input type="checkbox"/> | Legal | <input type="checkbox"/> |
| Religious | <input type="checkbox"/> | Government | <input type="checkbox"/> |
| Employment | <input type="checkbox"/> | Post-secondary Educ | <input type="checkbox"/> |

Describe how you would benefit from a mentorship program and any goals you wish to achieve during the program:

Summarize your interpreter training (including formal and informal training):

How did you hear about the Mentorship Program?

List all professional organizations in which you are a member:

Thank you for your interest in the Mentorship Program!

For Office Use Only
Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waitlist
Start Date: _____ End Date: _____
Notes: _____
Mentor: _____