**APCITG Volunteers request form**

INTERPRETERS TRANSLATORS

# client 1 INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Service(s) | Hours/ Words |
| ID Number |  | Document Translation |  |
| Phone |  | Face to Face Interpretation |  |
| E-mail |  | Telephone Interpretation |  |
| Home AddressCity/Province/Postcode |  | Legal  Medical  Other |  |

# client 2 INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Service(s) | Hours/Words |
| ID Number |  | Document Translation |  |
| Phone |  | Face to Face Interpretation |  |
| E-mail |  | Telephone Interpretation |  |
| Home AddressCity/Province/Postcode |  | Legal  Medical  Other |  |

# client 3 information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Service(s) | Hours/Words |
| ID Number |  | Document Translation |  |
| Phone |  | Face to Face Interpretation |  |
| E-mail |  | Telephone Interpretation |  |
| Home AddressCity/Province/Postcode |  | Legal  Medical  Other |  |

# client 4 information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Service(s) | Hours/Words |
| ID Number |  | Document Translation |  |
| Phone |  | Face to Face Interpretation |  |
| E-mail |  | Telephone Interpretation |  |
| Home AddressCity/Province/Postcode |  | Legal  Medical  Other |  |

1. The Client shall list the documents’ names and pages in “Details”. APCITG reserves the right to clarify the Translation services requested.
2. The Client shall provide the detailed information such as full name, address, date and time in “Details” for requesting Interpretation services. The Client and SP must sign his/her name on [APCITG Assignment Sheet](APCITG%20Forms) at the end of each assignment.
3. By submitting this form, The Client authorizes the third parties, who may audit APCITG’s Volunteer Services Project, to access the translated documents and/or clarify the details of the interpretation services received.

# SIGNATURES

**! By entering your name (s) here it (they) act(s) as an official electronic signature !**



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