# PRFlogo2010_300dpi

Volunteer Translator Application



**Together we *will* find the cure!**

The Progeria Research Foundation, Inc. Tel: (978) 535-2594

PO Box 3453 Fax: (978) 535-5849

Peabody, MA 01961-3453 www.progeriaresearch.org

Please help us learn more about you and your volunteer interests. Your answers to the following questions will help us determine how your skills, interests, and availability match our translation needs Thank you for your time.

#### GETTING TO KNOW YOU

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

### Phone(Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work/cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list and describe:**

Language(s) available to translate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of fluency in language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past volunteer/translator experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Work experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Education (formal or other, please include computer skills) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Hobbies/Interests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide two personal references (for students)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_

What prompted you to contact The Progeria Research Foundation?(check all that apply)

* Web site
* Staff – who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Television program – which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Another volunteer – who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Personal interest on behalf of a family member or friend – who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Newspaper/Magazine article – which one? (name, issue) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* An event – which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### DEFINING YOUR COMMITMENT

|  |  |
| --- | --- |
| * 1-3 hours a week | * 1-3 months |
| * 4-6 hours a week | * 4-6 months |
| * 7-10 hours a week | * 6-12 months |
| * more (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * more (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

#### MATCHING YOUR NEEDS WITH OURS

Please describe why you want to volunteer your time and talent with the Progeria Research Foundation.

Is there anything else you wish to add that you feel may be helpful to us and to you regarding your volunteering opportunity with The Progeria Research Foundation?

Is there any additional information about our work that we can mail or fax to you?

We sincerely appreciate your interest.

Thank you for taking the time to complete our questionnaire.

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**Contact information:**

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