



## Volunteer Translator Application



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

The Progeria Research Foundation, Inc.  
PO Box 3453  
Peabody, MA 01961-3453

Tel: (978) 535-2594  
Fax: (978) 535-5849  
[www.progeriaresearch.org](http://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

Work experience

Education (formal or other, please include computer skills)

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

<input type="checkbox"/> 1-3 hours a week	<input type="checkbox"/> 1-3 months
<input type="checkbox"/> 4-6 hours a week	<input type="checkbox"/> 4-6 months
<input type="checkbox"/> 7-10 hours a week	<input type="checkbox"/> 6-12 months
<input type="checkbox"/> more (please explain)	<input type="checkbox"/> more (please explain)

### MATCHING YOUR NEEDS WITH OURS

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

We sincerely appreciate your interest.  
Thank you for taking the time to complete our questionnaire.

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