

REQUEST FOR LANGUAGE INTERPRETER

Please send completed form to the Northfield Service Center 1025 North Highway 3, Northfield, MN 55057 or fax to 507-645-6605 at least two weeks prior to the date the interpreter is needed.

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| Name: | | Home Phone: () | |
| E-mail Address (Need to send confirmation): | | | |
| Requesting Interpreter for (check one) <input type="checkbox"/> Troop <input type="checkbox"/> Service Unit <input type="checkbox"/> Council Program Event | | | |
| Service Center: <input type="checkbox"/> Brooklyn Center <input type="checkbox"/> Northfield <input type="checkbox"/> Redwood Falls <input type="checkbox"/> Rochester <input type="checkbox"/> St. Paul | | | |
| Type of interpreter needed: <input type="checkbox"/> American Sign Language <input type="checkbox"/> Language | | | |
| Location where services are needed: | | Date: | Start Time: <input type="checkbox"/> am <input type="checkbox"/> pm |
| Address: | | | End Time: <input type="checkbox"/> am <input type="checkbox"/> pm |
| Name(s) of person(s) needing interpreter: | | <input type="checkbox"/> Girl <input type="checkbox"/> Adult | |
| Troop #: | Program Grade Level: | Service Unit: | |
| Briefly describe activity: | | | |
| Is interpreter needed for regular troop meetings? If so, please attach a schedule of meetings (include dates, times and sites). | | | |

If you have questions or need to cancel (at least 72 hours in advance) an interpreter, please call 651-227-8835 ext. 1521 or 800-845-0787 ext. 1521 Voice/TTY.

Office Use Only:

Date Received _____ Date Volunteer/Requester contacted with details: _____
 Date Interpreter Confirmed: _____ Other: _____