



Interpreting Internship Application

Thank you for your interest in the Interpreting Internship Program offered by Deaf Community Services of San Diego, Inc. We recognize that by providing support to you, we are fostering our community of future Deaf and Hearing Interpreters alike. Applications are reviewed on a **quarterly basis**. Please review the following application process and submit all portions in their entirety.

You can submit your application packet electronically to Records@dcsosd.org with “Internship Application [Last Name]” as the subject line.

Application Packet should include:

- **Letter of Intent**
- **Resume or Curriculum Vitae**
- **2 Letters of Recommendation** (from persons familiar with the field of Interpreting, minimum of one Deaf community member)
- **2 Work Samples** (via YouTube links)
- **Copy of ITP transcripts**
- **Proof of Degree, if applicable**
- **Applicant Information Form**
- **Proof of SDCRID Membership**

Please do not submit partial or incomplete application packets. If portions must be submitted in a separate email, please send them on the same date with subject line “Internship Application [Last Name] Con’t”. Incomplete application packets will **not** be reviewed until all portions have been received.

LETTER OF INTENT

Within your letter, please include a response to the following:

- An introduction, including a brief summary of your background
- Any trainings/workshops you have taken (ex. ProTactile, SSPs, etc.)
- Explanation of why you want to become a sign language interpreter
- Describe your involvement in the Deaf community and how you give back

LETTERS OF RECOMMENDATION

Knowing a language and interpreting within that language are two different things. For this reason, we ask that you obtain letters of recommendation from individuals familiar with the field of interpreting and the demands placed on working interpreters.

WORK SAMPLE INSTRUCTIONS

1. Expressive Sample (2-3 mins) Spoken English into American Sign Language
 2. Receptive Sample (2-3 mins) American Sign Language into Spoken English
- *(DI Applicant) One Sample of ASL and one sample of SEE (2-3 mins)

- Samples of your work should follow the above time requirements. If the original text is longer, only submit the requested time. The applicant should select a text that he/she/they have **not** previously viewed or listened to, but within a subject matter that is familiar. For example, if the applicant has previously worked in a pet store, an appropriate text is “How to Care for Your Pet”, or something similar is acceptable.
- **VIDEO FORMAT:** Our preferred method of receiving work samples (and later recorded work submitted for evaluation) is via YouTube. YouTube allows you to easily upload the video that is private, secure, and can be accessed remotely on any computer. We have tried numerous other methods; this seems to be the most user friendly for all. If you have another method you would like to try, please send a test video prior to sending your Final Submission.

****Please review the video quality before submitting. Videos that have poor lighting, are blurry, or bouncy will not be viewed and you will be asked to resubmit a new work sample. ****

Internship Application



Contact Information

Name	
Preferred Name/Pro Nouns	
Street Address	
City, Street, Zip Code	
Phone Number	
E-Mail Address	

Availability

During which hours are you available for assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |
| <input type="checkbox"/> Late Night (ER?) | |

(2) Professional References

Deaf Hard of Hearing DeafBlind Hearing

Name: _____ Email: _____

Phone: _____

How do you know this individual?

Deaf Hard of Hearing DeafBlind Hearing

Name: _____ Email: _____

Phone: _____

How do you know this individual?

College/University Interpreting Program you attended:

Name of College/University: _____

Year Graduated: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports

Previous Interpreting Volunteer Experience

Summarize your previous interpreting volunteer experience

Professional Development Experience

Summarize and/or list your previous workshops and professional development experience

Mentorship

While we would like to accommodate everyone who applies, there are a limited number of spots available within the internship. If you are not accepted on your first try we encourage you to reapply for the next cycle. In addition, we suggest that all those seeking mentorship outside of a formal internship program, to contact the local chapter of the Registry of Interpreters for the Deaf at www.SDCRID.org for mentorship opportunities.

Disclaimer

If you are accepted into the program, you understand this agreement does not create employer-employee relationship. In addition, interns will be expected to carry liability insurance. Information about liability insurance will be given if needed.