



# Sign Language Interpreting Service for Deaf Victims: Application to Participate

Thank you for your interest in the Sign Language Interpreting Service for Deaf Victims project and for your commitment to serving Deaf and hard of hearing survivors of crime.

Please complete this brief application to participate in this project. Once you submit your application, our team will review it and contact you if we have questions. Once our review process is done, we will let you know if you have been accepted into the project.

**Organization Name\***

**Organization's Website Address\***

**Organization's Physical Address\***

 

Please select one answer that best describes the geography of your primary service area. \*

Is your organization/program specifically designed to serve victims from specific linguistic, cultural, or other underserved communities? \*

What age group(s) does your organization serve? (Please select all that apply) \*

What type(s) of services does your organization provide to crime victims? Select all that apply. \*

Organization's Annual Budget \*

Are you currently serving Deaf victims of crime? \*

What barriers prevent your organization from being able to get sign language interpreters? \*

**How will your organization benefit from participating in the National Sign Language Interpreter Service? \***

**When do you anticipate starting to request interpreters from our service? \***

**How many hours of sign language interpreting services do you envision you would need from our service in a given month? \***

**What victim services do you envision your organization will be providing to Deaf victims during interpreted sessions? \***

**Please use this space to tell us anything else about your organization's need for sign language interpretation services. \***

If accepted into the service, I agree to comply with the service terms and conditions. And, by selecting yes, I certify that my organization has access to high-speed internet, access to a device with a webcam and access to a space that provides privacy where service providers and Deaf service users can meet. Additionally, I agree to not request interpreting services in law enforcement, forensic exams and medical settings. \*

Submit

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