

Volunteer Interpreter Request Form

Application Date: _____

◆Applicant's name: _____ (Furigana)

Address: _____

TEL: _____ FAX: _____

Cellphone: _____

◆Name of the person who will actually use the service: _____

_____ (Furigana)

Country / Language _____ / _____

Age: _____ Gender: Male / Female

Date: _____ Time: _____ ~

Place: _____

Content to be interpreted (as specific as possible): _____

- * This system is made possible through the cooperation of volunteers, so neither Sakai City nor any volunteers take any responsibility for damage caused by misinterpretations. If you need a professional interpretation, please ask a professional interpreter.
- * Applications must be submitted 10 days in advance of the day you need the service, to be able to arrange the interpreters.

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