

Multicultural Communication Supporter Request Form

To Okayama Prefectural International Exchange Foundation

TEL:086-256-2914 FAX:086-256-2489

Date: ____ (dd) ____ (mm) ____ (yyyy)

I hereby request a multicultural communication supporter. I affirm my compliance in regard to the items below.

Name		(Katakana)			
Nationality		Language		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	____/____/____ (MM) (DD) (YYYY)		Length of stay in Japan	Year (s)	Month (s)
Contact Details	Address				
	TEL		FAX		
	Mobile phone		E-mail		
Areas you want interpretation for		<input type="checkbox"/> General Life (School・Government Agencies etc.) <input type="checkbox"/> Medical Treatment (Hospitals etc.) , Department ()			
Times you want interpretation		(Number 1 preference)	Month	Day	Time ~
		(Number 2 preference)	Month	Day	Time ~
Location		①Place ②Address ③TEL			
Rendezvous					
Interpretation Content (In the case of medical treatment, please write your symptoms)					
Any further questions					

- I agree not to hold the Okayama Prefectural International Exchange Foundation and volunteer interpreter responsible for any interpreting and/or other related matters carried out by volunteer.
- By utilizing this service, I agree not to release any volunteer interpreter's personal information to a third party.