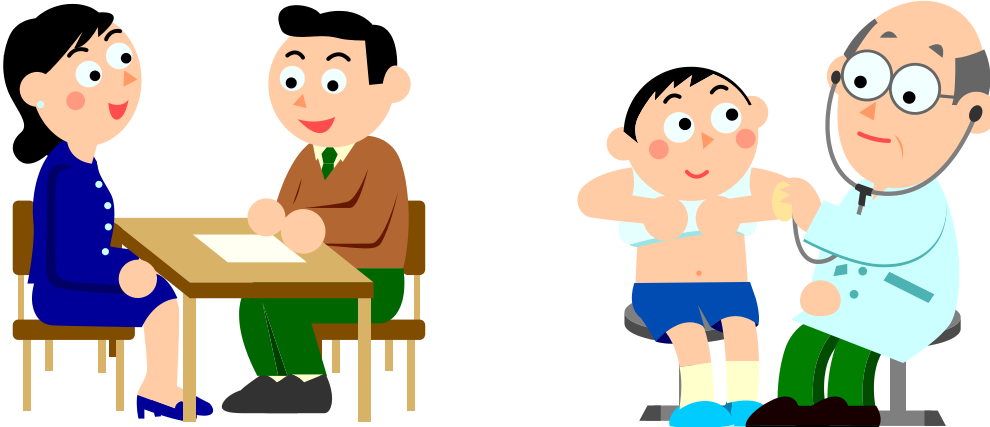


We are dispatching volunteer interpreter



OPIEF provides support in communicating with your children's teachers, officials at city hall and other government agencies, and doctors and other health professionals in hospitals etc. Please feel free to contact us with any inquiries you may have.

Service Available During : April 9, 2018 (Mon) ~ March 8, 2019 (Fri)

Reception Period : Mondays to Saturdays during the above-mentioned period 9:00-17:00
except for December 29 - January 3.

Those Who Can Apply : Schools, boards of education, government facility officials and
foreign nationals residing in Okayama Prefecture

Details: A service that offers communication support through interpreting. Interpreters
are volunteers and are not professionals. Written translation or
administrative assistance service is not provided.

※Please contact OPIEF for further details on acceptable cases.

How to Apply : Fill out the form on the back of this paper and submit it by mail, fax
or in person at the Okayama International Center, 1F Information Desk
to the OPIEF (telephone applications not accepted).

Application forms also can be obtained by contacting OPIEF through
the information below, or can be downloaded

online from: <http://www.opief.or.jp/>

※Please submit your application form well in advance at least 1 week
before.

【Applications and Enquiries】

Okayama Prefectural International Exchange Foundation (OPIEF)
Okayama International Center, Planning and Information Division,
2-2-1 Hoka-cho, Kita-ku, Okayama City 〒700-0026

TEL:086-256-2914 FAX:086-256-2489 E-mail:info@opief.or.jp

*Advance
Application
Required!*



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							

1. 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.

2. By utilizing this service, I agree not to release any volunteer interpreter's personal information to a third party.