Iwate International Network

For Foreigners (English)

	Reg	gistration H	form		Date:	year	month da	
Katakana (if known)				Gender		□ Male	Female	
Name			Date of Birth (Month•Day•			/ /		
Nationality				Y	ear)			
Address	〒 -							
Phone	(Home)	(Cell)			FAX			
E-mail	(PC) @							
	(Cell) @							
Place of Employment								
Employer's Address								
and Contact	Tel:				Fax:			
<ul> <li>I. Languages</li> <li>1. Native Language (If Chinese, please indicate dialect such as Mandarin, Cantonese, etc.):</li> <li>2. Other Languages (Please check off  your ability level)</li> </ul>								
	Language ■ Japanese	Speaking	Reading □	Writing	Qualif	fications (Ex:	JLPI NI)	
Internatio 1 🗆 Tal 2 🔲 Tal 3 🔲 Lar 4 🔲 Co	neck off 🗹 any and all applicable onal Association. king about your country's cult king about your country's cult nguage Classes (Language: oking Classes (Possible dishes erpretation/Translation (We c	cure cure with children ) s:		ve experi	ence in th	ese fields)	ing for the Iwa	
From	Translation To				nterpretat To			
From	То		rom		To			
From	То		rom		To			
€ □ Otl	se write your interpretation/tra			elow.	I			

<sup>\*</sup>Please continue to the back.

May we show this form to someone who requests your services? $\Box$ Yes $\Box$	] No
V. Compensation	
Please check off 🗹 where applicable.	
□ I accept the amount of money decided by the requester.	
☐ I have decided a fee I will charge. (Please fill out the following for our reference:	:)
■ Events :yen / 1hour	
Interpretation :yen / 1hour	
	cters)
VI. Please write down any comments or requests in the space below.	
* For JET Program Participants	
Due to rules in the JET contract, JET Program participants may not receive n compensation other than to cover travel expenses.	nonetary
	ept

For Office Use Only									
Date and Time	Requester	Details	Compensation	Notes					