

CROSS CULTURAL COMMUNICATIONS, INC.

PO Box 2166 ~ Sumner, WA 98390
Phone: 253-447-2000 ~ Fax: 253-447-2041
www.cccinterpreting.com

New Interpreter Intake/Update of Interpreter Information

Name:	Date of Birth	Gender:
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Mailing Address:	Driver's License #
	SS#
	UBI#
	Languages & Dialects:

Home #	Cell#
Fax #	Email:

HOURS OF AVAILABILITY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

After Hours/Emergency		Prochoice	
Yes	No	Yes	No

State Certifications			
Medical	Social	Court	Translation

General area of travel:

General points of interest as an interpreter:

How did you hear about CCC?

Internet Access		
Home:	Cell:	Other:

Signature: _____ Date: _____

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CONTRACTOR AGREEMENT

This written contract is between the Interpreter or Translator, and Cross Cultural Communications, Inc.

- 1) Cross Cultural Communications, Inc. provides services as follows:
 - a. Locating translation and interpreting work for you in your area of specialization;
 - b. Billing and collection of fees on your behalf;
 - c. Advertising of your services to potential clients through correspondence, directories and personal contacts;
 - d. Supplying you with a yearly statement of your earnings, if over \$600.00. This statement will be made on Form 1099, Miscellaneous Income, and will be mailed to you by January 31st for the earnings of the preceding year.
- 2) Your duties as the Interpreter/Translator: You are an independent contractor for Cross Cultural Communications, Inc. Therefore, there is no withholding of taxes from payment for translation or interpretation services provided to the company, whether for the Internal Revenue Service, FICA or Labor and Industries. The contractor understands that it is his/her responsibility to pay any and all taxes due from said payment and that he/she will make no claims for any withholding, FICA or Labor and Industry taxes against such payments. You, as interpreter/translator, in return for the services provided by Cross Cultural Communications, Inc., agree to the following:
 - a) To complete translations to the best of your abilities with agreed upon time. You may refuse to undertake any assignment, which you think is too difficult or time does not allow for.
 - b) Translations must be accurate, errors must be corrected. You understand that you are liable for any damages resulting from your own errors or omissions. You agree to indemnify and hold Cross Cultural Communications, Inc. harmless from any liabilities.
 - c) Cross Cultural Communications, Inc. will receive a commission on any work referred to you by Cross Cultural Communications, Inc.
- 3) Commission
Cross Cultural Communications, Inc. will receive payment for its services for any work falling under the terms of this Agreement. This commission may be re-negotiated by the parties, or may be changed by special agreement as described below:
 - a. You assign Cross Cultural Communications, Inc. as your agent for billing and collecting your fees for any work. Cross Cultural Communications, Inc. agrees to pay your fees upon payment. You agree to forward promptly to Cross Cultural Communications, Inc. any payment received by you directly for work falling under the terms of this Agreement;
 - b) You and Cross Cultural Communications, Inc. may enter into special written agreements for payment of commission and fees on particular translation or interpretation assignments. Such arrangements supersede the provisions of this Agreement.
- 4) Relationships of the Parties:
 - a. The parties of this Agreement do not intend to establish *any* employer/employee relationship between them.
 - b. The translator and/or interpreter is an independent contractor.

My signature below certifies that I understand and agree to the terms of this Agreement.

Signature: Contractor (Interpreter)

Print: Contractor (Interpreter)

Date

Signature: Contractor (CCC Representative)

Print: Contractor (CCC Representative)

Date

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INDEPENDENT SUBCONTRACTOR AGREEMENT

I am aware of all terms and conditions that Cross Cultural Communications, Inc. must adhere to as an Interpreter Services Agency subcontracted by multiple/individual providers; I understand and agree to abide by each and every regulation that applies to me as an independent subcontractor of the aforementioned agency.

I understand that as an independent subcontractor, if I am not in complete compliance with the requirements of the contract, I will not be allowed to perform any interpreter service assignments of which are requested through the individual providers.

Interpreter:

_____	_____	_____
Name (Printed, First and Last)	Signature	Date

Reviewed by:

_____	_____	_____
Name (Printed, First and Last)	Signature	Date

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SELF-DISCLOSURE OF INFORMATION

PRINT YOUR NAME HERE: _____

Please answer each of the following questions. If your answer is "YES" to any of the questions below, please provide a written explanation providing the date, state of occurrence, and the crime and/or findings.

In this state or any other state, have you ever been:

Convicted of a crime? Yes No

Found to have sexually assaulted, physically abused or exploited a child or adult? Yes No

Found to have violated a protection order or restraining order? Yes No

Sanctioned by a disciplinary board (professional licensing Board) or by agreed order had your license suspended, revoked or denied? Yes No

I understand that if any of the information provided above is found false, it may preclude me from providing services under this contract.

This document is signed and sworn under penalty of perjury. I certified that the above information is true and correct. My signature below authorizes Cross Cultural Communications, to obtain conviction records from Washington State Patrol and other states; in addition to obtain form Washington and other states licensing information and any determination or finding of abuse, neglect or exploitation. I understand that the result of this background check will be kept confidential and may only be released/reviewed by Cross Cultural Communications, Inc. and the individual providers of which are contracted with Cross Cultural Communications, Inc. that I would be providing services for, in the monitoring of contract compliance.

Signature of the Person to be Checked

Date

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Request for Criminal History Information

Requesting Agency:
Cross Cultural Communications, Inc.

Applicant of Inquiry:

Applicant's Full Name _____
Last First Middle
Alias/Maiden Name _____

Date of Birth: ____ / ____ / ____ Gender: Male Female

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State: _____

I authorize Cross Cultural Communications, Inc., to investigate my criminal history, which is required pursuant to performing duties under their contract. I hereby release from liability Cross Cultural Communications, Inc. and its representatives for seeking such information and all other persons, corporations, organizations for furnishing such information.

Applicant Signature Date

Please complete this form and return it to *Cross Cultural Communications, Inc.* along with the service fee of \$15.00 for this background check. If we do not receive payment for the background check along with this packet, it will automatically be deducted from your first check.

Background checks must be completed once yearly, so long as you are contracted and providing interpreting services for Cross Cultural Communications, Inc. If a current WSP background has been ran by another agency you may submit a copy with this document to avoid additional charges.

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CONFIDENTIALITY AGREEMENT

Cross Cultural Communications, Inc., (hereinafter "Subcontractor") carries subcontracts with various providers. A condition of these Subcontracts are that all its employees, independent contractors, agents and/or officers, or employee of an independent contractor or other representative of a Subcontractor assigned to perform duties under the scope of work of this Subcontract sign an Individual Confidentiality Agreement.

I understand that as an employee, agent, officer, or representative of a "Subcontractor", I may have access to, records, files, papers, or other communications regarding clients for whom "Subcontractor" provides Interpreter Services as specified in the Subcontract.

I further understand that I must take prudent measures to safeguard and protect from disclosure of any such records or information regarding Clients, Broker and State of Washington's Department of Social Health and Services.

My failure to comply with this Individual Confidentiality Agreement may cause serious, substantial and irreparable harm to the "Subcontractor", Providers, Clients and/or the State of Washington (DSHS). This agreement is specifically enforceable by "Subcontractor" and providers of which subcontracted with. In any action to enforce this Confidentiality Agreement, I hereby consent to the jurisdiction of any State court in Pierce, King and/or Kitsap County, Washington. In any such action the prevailing party will be entitled to recover, in addition to any other relief to which it may be entitled, its reasonable attorney's fees and other costs. Additionally, I understand that Clients are protected by State and Federal Confidentiality Laws.

Name of Interpreter (Please Print)

Signature

Date

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TRANSPORTATION RELEASE FORM

I, _____ (Please Print), fully understand and am completely aware of the stipulation by CCC that I will not transport any patient, provider, Customer Service Office Representative, of any other party to or from an interpreting site.

I further understand and am completely aware of the stipulation by CCC that I will not accept transportation in a vehicle belonging to any of the aforementioned unless I am willing to accept all responsibility for any injury or consequences due to my acceptance.

I herein release Cross Cultural Communications, Inc. (CCC) of any responsibility for any injury or damage suffered by me or any other party caused by acceptance of or provision of transportation while on assignment for/by CCC.

Interpreter Signature

Date

Authorized CCC Representative

Date

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Interpreter and Translator Code of Professional Conduct

1. **Accuracy:**

Interpreters/translators shall always thoroughly and faithfully render the source language message; therefore, they shall not omit or add anything, giving consideration to linguistic variations in both source and target languages, conserving the tone and spirit of the source language message.

2. **Cultural Sensitivity:**

Courtesy of Interpreters & Translators shall be culturally competent, sensitive, and respectful of the individual(s) they serve.

3. **Confidentiality:**

Interpreters/translators shall not divulge any information obtained through their assignments, including but not limited to information gained through access to documents or other written materials.

4. **Disclosure:**

Interpreters/translators shall not publicly discuss, report, or offer an opinion concerning matters in which they are or have been engaged, even when that information is not privileged by law to be confidential.

5. **Proficiency:**

Interpreters/translators shall meet the minimum proficiency standard set by DSHS by passing the required certification examination or screening evaluation.

6. **Compensation:**

The fee schedule agreed to between the contracted language service providers and the department shall be the maximum compensation accepted. Interpreters/translators shall not accept additional money, considerations, or favors for services reimbursed by the department. Interpreters/translators shall not use for private or others gain or advantage, the department time or facilities, equipment or supplies, nor shall they use or attempt to use their position to secure privileges or exemptions.

7. **Nondiscrimination:**

Interpreters/translators shall always be neutral, impartial and unbiased. Interpreters/translators shall not discriminate on the basis of gender, disability, race, color, national origin, age, socioeconomic, educational status, nor religious, political, or sexual orientation. If interpreters/translators are unable to ethically perform in a given situation, the interpreters/translators shall refuse or withdraw from the assignment without threat or retaliation.

8. **Self-evaluation:**

Interpreters/translators shall accurately and completely represent their certifications, training, and experience.

9. **Impartiality – Conflict of Interest:**

Interpreters/translators shall disclose any real or perceived conflict or interest which would affect their objectivity in the delivery of service. Providing interpreting or translation services for family members or friends may violate the individual's right to confidentiality, or constitute a conflict of interest.

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Interpreter and Translator Code of Professional Conduct (cont.)

10. Professional Demeanor:

Interpreters/translators shall be punctual, prepared, and dressed in a manner appropriate and not distracting for the situation. Interpreters/translators shall conduct themselves in a professional manner at all times and shall avoid becoming disruptive or argumentative with clients, DSHS or medical staff.

11. Scope of Practice:

Interpreters/translators *shall not* counsel, refer, give advice, or express personal opinions, to individuals for whom they are interpreting/translating for, nor engage in any other activities which may be construed to constitute a service other than interpreting/translating. Interpreters/translators are prohibited to have unsupervised access to clients, including but not limited to phoning clients directly. Exceptions will occur when interpreters/translators must phone clients for appointment confirmations and/or pre-appointment instructions, upon request of the requestor.

12. Reporting Obstacles to Practice:

Interpreters/translators shall assess at all times their ability to interpret/translate. Should interpreters/translators have any reservations about their competency, they must immediately notify the parties and offer to withdraw without threat of retaliation. Interpreter/translator may remain until a more appropriate interpreter/translator can be secured.

13. Ethical Violations

Interpreters/translators shall immediately withdraw from encounters they perceive as violations of this Code. Any violation of the Code of Professional Conduct may cause termination of the contract.

14. Professional Development:

Interpreters/translators shall develop their skills and knowledge through professional training, continuing education, and interaction with colleagues, and specialists in related fields.

THIS CODE APPLIES TO ALL PERSONS PROVIDING LANGUAGE INTERPRETING OR WRITTEN TRANSLATION SERVICES AND MUST BE COMPLIED WITH AT ALL TIMES

***My signature signifies understanding & agreement to the above policy:**

Interpreter (Printed Name)

Interpreter Signature

Date

Authorized CCC Representative (Print Name)

Authorized CCC Representative Signature

Date

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Blood borne Pathogens

Blood borne pathogens are microorganisms in the blood or other body fluids that can cause illness and disease in people. These microorganisms can be transmitted through contact with contaminated blood and body fluids. When blood borne diseases are mentioned, most people think automatically of AIDS, but actually HBV, or the hepatitis B virus, is much more common. AIDS is usually fatal, though it may take years for symptoms to appear. HIV, the virus that causes AIDS, is primarily transmitted through sexual contact, though it may also be contracted through contact with contaminated blood or some body fluids. HBV attacks the liver, and is sometimes fatal. It is transmitted through saliva, blood and other body fluids.

Means of Transmission

Blood borne pathogens are transmitted when contaminated blood or body fluids enter the body of another person. This can occur through a number of pathways, such as:

- An accidental puncture by a sharp object contaminated with the pathogen. "Sharps" includes objects such as:

- ✓ needles
- ✓ scalpels
- ✓ broken glass
- ✓ razor blades

- Open cuts or skin abrasions coming in contact with contaminated blood or body fluids

- Sexual contact

- Indirect transmission (a person touches dried or caked on blood and then touches the eyes, mouth, nose or an open cut) (HBV only).

There are also many ways that these diseases are not transmitted. For instance, blood borne pathogens are not transmitted by touching an infected person, through coughing or sneezing or by using the same equipment, materials, toilets, water fountains or showers as an infected person. It is important that people are educated as to which ways are viable means of transmission of these dangerous diseases, and which are not.

STEPS TO TAKE IN THE EVENT OF AN EXPOSURE

1. Do not delay treatment for any reason.
2. If possible, immediately wash or flush the exposed area with soap and / or water.
3. Be sure to inform the personnel that the injury is an exposure to blood borne pathogens and / or a needle stick.
4. Report to the nearest hospital's Emergency Department.

I have read and understand the risks and precautions to take and what to do in case of exposure to Blood borne Pathogens.

Interpreter Signature

Date

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“CCC ~ ORIENTATION”

INTERPRETER / TRANSLATOR

ACKNOWLEDGEMENT & AGREEMENT OF POLICIES AND REQUIREMENTS

This signed document acknowledges that I, _____, certify that I have completed the Cross Cultural Communications, Inc. orientation and have been informed of the following:

- Code of Professional Conduct and Code of Confidentiality / Safeguarding Client Information /HIPPA
- Completion of Encounter Forms
- Self- Disclosure Statement and Washington State Criminal History Background Check, Self-Disclosure will need to be signed annually and Background Check will be ran annually by CCC or you may provide us with one if ran by self or another agency.
- CCC Interpreter Picture Identification Card
- Clarification on the Billing Process
- Interpreter No-Show, Late, and Under 24/hour Give Back Policy, (Applicable Fines)
- Review of the Drug Free Work Place Act
- Information regarding requirements for criminal history
- Requirement to present upon request, CCC badge/picture identification at all interpreter service appointments
- Review of Blood borne Pathogens
- Yearly Background Check, TB and Flu shot
- Requirement of Vaccination Record: Minimum of MMR, TDAP and Varicella
- Review of Reprax check-in requirements for specified on-site interpreter assignments

Interpreter (Printed Name)

Interpreter Signature

Date

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When you return this packet, we request that you please include the following items:

- Copies of ALL Certifications
- 1 Passport Size Photo (must be color, with a white background)
- Copy of Social Security Card
- Copy of current Driver's License
- Current *Flu Vaccine/Shot
- Current *TB (Tuberculosis) Test
- Vaccination Records
- UBI # Copy of Business License
- Business Card and/or Website with URL if available (optional)
- Resume (optional)

*** Current, is considered anything less than one year old.**

****WSP Background checks will be ran automatically and \$15.00 will be deducted from your first paycheck to cover the cost of the Background check; however, if another agency has already ran a current background check you may submit a copy of that document with this packet. The Self-Disclosure of Information will need to be signed annually & the WSP needs to be ran annually to keep your file current.**

***All packets can be returned by mail, email, or in person. Please return ASAP.**

Please contact someone at the above number if you wish to hand deliver your packet and/or schedule your orientation, and if you have any questions please don't hesitate to call.