Overview: The assistance of a Sign Language Interpreter (SLI) allows people who have a hearing impairment to participate in wilderness adventures. SLI’s provide interpretation for important information and much of the day to day conversation. However, SLI’s are NOT expected to interpret all conversations/interactions, 24 hours a day. Being an SLI is a big responsibility and it can be a lot of hard work. SLI’s are greatly appreciated in making a WI group experience the best it can be.

Recognizing the significant contribution a SLI makes, a SLI does not pay any of the trip fee. However, depending upon the circumstances, the participant with a disability may be asked to pay all or part of a SLI’s trip fee. WI trail staff and interns will work with the SLI to make sure that their workload is reasonable and that they avoid burn-out.

Primary responsibilities of being a SLI:
- Facilitating communication between the individual and the group
- Interpreting safety talks and trip logistical information
- Interpreting information relevant to the individual
- Keeping the line of communication between the individual and the group open

Benefits of being a SLI:
- Satisfaction of assisting a person so that they can participate on a WI trip
- A chance to take a WI trip at no cost
- A chance to see new places and learn new skills
- A fun time with a great bunch of people

The Program Director will confirm you on a trip and your role will be defined at that time. Upon confirmation you will be asked to contact the person for whom you will be interpreting. It is important to communicate with and understand the needs of the person with whom you will be working.

Time commitment: From 3 - 18 days, depending on trip destination

Positions available per season: Dependent on individual trip needs. We send available openings via email.
Sign Language Interpreter Application/Skills Inventory

PLEASE COMPLETE ALL INFORMATION ON PAGES 1 AND 2 OF THIS FORM

Name: ___________________________________________________ _______________________________________________________

Address: __________________________________________________________________________________________________

Day phone: _______/________________________ Evening phone: _______/________________________
Email address: ____________________________________________________ ____________________________________________
Occupation: ___________________________________________ Employer: ____________________________________________

Do you have previous experience as a Sign Language Interpreter?  ☐ Yes  ☐ No
If yes, how long have you worked as a SLI? _______________________________________________________________
Do you have a flexible schedule?  ☐ Yes  ☐ No
Please explain: ______________________________________________________________________________________________
How much advance notice do you require to join us on a trip?
☐ Less than 1 week    ☐ 2 – 3 weeks    ☐ More than 1 month

Please rate your skill/experience in the following areas: (1= no experience, 5= expert)

Specialized SLI Skills
Working with persons with hearing impairments/deafness  1 2 3 4 5
Fluent in Sign Language  1 2 3 4 5
Providing SLI in a group setting  1 2 3 4 5
Working with persons with cognitive and/or developmental disabilities  1 2 3 4 5

Additional helpful information
Canoeing  1 2 3 4 5
Kayaking  1 2 3 4 5
Strength/stamina  1 2 3 4 5

Group skills (interpersonal and public communication, decision-making)  1 2 3 4 5
Camp skills (site selection, tent set-up, outdoor cooking, Leave No Trace)  1 2 3 4 5
I have first aid and/or water safety training  ☐ Yes  ☐ No
Certifications and expiration dates: ____________________________

Please check activities of interest to you:  ☐ Canoe  ☐ Kayak  ☐ Ski/Dogsled  ☐ Hike  ☐ Any
If there are other circumstances that we should know about, please explain below:
__________________________________________________________________________
__________________________________________________________________________
PERSONAL REFERENCES Please provide names and numbers for 2 non-family members.

1. Name: _____________________________________ Relationship to you: ___________________________
   Email: _____________________________________ Phone: ________________________________

2. Name: _____________________________________ Relationship to you: ___________________________
   Email: _____________________________________ Phone: ________________________________

I hereby certify that the above information is true and correct to the best of my knowledge.
Signature:_________________________ Date:________________________

Thank you for your interest in our program—we look forward to working with you!

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