APPLICATION FOR WIC BREASTFEEDING PEER COUNSELOR

Breastfeeding Peer Counselors provide basic information about breastfeeding to WIC mothers during their pregnancy, and after the baby is born. They encourage mothers to breastfeed, and help mothers find help if problems occur.

The Breastfeeding Peer Counselor must meet all of the following listed qualifications:

- Be a contemporary/cohort/equal to the woman to whom she will be providing information and support. This includes speaking the ability to speak Spanish, if needed;
- Has been or currently is a WIC participant;
- Has breastfed at least one baby for six (6) months or longer and is an advocate for breastfeeding;
- Has the ability to work independently at home.
- Has reliable transportation;
- Be readily accessible by phone;
- Has basic computer skills; and
- Has the ability to communicate effectively with peers, supervisors, and other health department staff.

Please provide the following information:

1. Name: ____________________________________________
   Address: ____________________________________________
   City: __________________________ State: __________ Zip: __________________________
   Home Phone: __________________________ Cell Phone: __________________________
   E-mail address (if applicable): __________________________
   What languages, other than English, do you speak? __________________________

2. Have you participated in the WIC Program?  Yes  No
   If yes, When? From __________ To __________
   If yes, at which agency/county did you receive WIC services? __________________________

3. Do you have basic computer skills including email  Yes  No
   Word Processing (such as Microsoft Word)  Yes  No

4. Circle the highest grade you have completed:
   Grade School:  1  2  3  4  5  6  7  8
   High School:  9  10  11  12
   College:  1  2  3  4  Other
5. **Ages of your children**

<table>
<thead>
<tr>
<th>Ages of your children</th>
<th>How long did you breastfeed this child?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **Employment History**

List previous job or volunteer experience beginning with current or most recent.

**a.** Employer Name:

________________________________________________________________________

Job Duties:

________________________________________________________________________

Dates of Employment (Month/Year): From: ________________ To: ________________

Reason for Leaving:

________________________________________________________________________

**b.** Employer Name:

________________________________________________________________________

Job Duties:

________________________________________________________________________

Dates of Employment (Month/Year): From: ________________ To: ________________

Reason for Leaving:

________________________________________________________________________

**c.** Employer Name:

________________________________________________________________________

Job Duties:

________________________________________________________________________

Dates of Employment (Month/Year): From: ________________ To: ________________

Reason for Leaving:

________________________________________________________________________
7. **References**: List contact information for three people to be used as references.

   Name: _____________________________________________________________
   Phone Number: __________________________________________________________________________
   E-mail address: __________________________________________________________________________

   Name: _____________________________________________________________
   Phone Number: __________________________________________________________________________
   E-mail address: __________________________________________________________________________

   Name: _____________________________________________________________
   Phone Number: __________________________________________________________________________
   E-mail address: __________________________________________________________________________

   As a condition of employment, I understand a background check is required and I give consent for it to be completed.

   I understand the agency where I participated in the WIC Program will be contacted and my status as a WIC participant will be verified.

   Signature: ____________________________________ Date: __________________________