



## Breastfeeding Peer Counselor Volunteer Application

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

### Qualifications:

- Have breastfed at least one baby for a minimum of 9-12 months (at least 7 months if currently breastfeeding).
- Are enthusiastic about breastfeeding and want to help other mothers enjoy a positive experience.
- Have good listening skills.
- Avoid judgment of others.

Peer Counselor volunteers will be interviewed and selected according to criteria above and have to pass test after training. Selected trained Peer Counselors may be eligible for future employment opportunities.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address : \_\_\_\_\_

What language(s) do you speak?  English  Spanish  Haitian Creole

Other(s): \_\_\_\_\_

Circle highest grade you have completed:

**Grade School** 1 2 3 4 5 6 7 8 **High School** 9 10 11 12 **GED** **College** 1 2 3 4 + Other: \_\_\_\_\_

Why do you think you will be a good peer counselor? Include any job experience or volunteer work you have done that will help you as a peer counselor.

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**Please tell us about your children.**

Name	Age	Did you breastfeed this child?	How long did you breastfeed this child?

Did you use formula? \_\_\_\_\_

How often? \_\_\_\_\_

Why did you breastfeed? \_\_\_\_\_

\_\_\_\_\_

What did you enjoy the most about breastfeeding? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was the most challenging about breastfeeding? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check all of the following that you are able to do:

- Attend the training program (seven weekly classes of five hours each; nursing babies may be permitted to attend with mother, babies are accepted on a case-by-case basis).
- Complete homework/reading assignments between training classes.
- Attend quarterly Breastfeeding Support & Education Update Meetings
- Volunteer about \_\_\_\_ hours a week.
- Talk to pregnant and breastfeeding moms from your telephone at home.
- Make home visits with new mothers.
- Visit new mothers in the hospital.
- Help lead a breastfeeding class or a support group.



Do you have reliable transportation? \_\_\_Yes \_\_\_No

Do you have childcare available for older children? \_\_\_Yes \_\_\_No

Are you eligible for employment in the United States? \_\_\_Yes \_\_\_No

Are you willing to have background screening? \_\_\_Yes \_\_\_No

Are there any challenges that might make it difficult for you to be a peer counselor? \_\_\_\_\_

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**Reference:** Include the name of a healthcare provider such as a WIC nutritionist, nurse, physician, La Leche League Leader or breastfeeding counselor who knows about your breastfeeding experience.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit completed applications to:**

Healthy Start Coalition of Miami-Dade  
Attention: Training Department  
701 SW 27<sup>th</sup> Avenue, Suite 1401  
Miami, Florida 33135

Fax: 305-541-0213, Attention: Training Department

If you have any questions about this application or the Breastfeeding Peer Counselor Training Program, please do not hesitate to contact the Healthy Start Coalition of Miami-Dade Training Department at 305-541-0210 or [training@hscmd.org](mailto:training@hscmd.org).