

NEVADA WIC

APPLICATION

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. Qualifications:

- Have breastfed at least one baby (do not have to be currently breastfeeding)
- Are enthusiastic about breastfeeding and want to help other mothers enjoy a positive experience
- Can work about 10 hours a week (depending on individual agency program).
- Have a telephone and are willing to make phone calls from home.
- Have reliable transportation.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

E-mail address (if applicable): _____

What languages do you speak? _____

Have you, or are you currently receiving WIC services? _____ Yes _____ No

If yes, where did you receive services? _____

Social security number or WIC ID Number: _____

Circle highest grade you completed:

Grade School 1 2 3 4 5 6 7 8 **High School** 9 10 11 12 **College** 1 2 3 4 **Other**

Tell us about your children.

Name	Age	How long did you breastfeed this child?

Why do you want to be a Peer Counselor for the WIC Program?

Tell why 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.

Check off all of the following that you are able to do:

_____ Attend the training program (4-5 days of 4 hours each; can bring your nursing baby with you).

_____ Talk to pregnant and breastfeeding moms by telephone at home.

_____ Talk to WIC mothers in the clinic.

_____ Help with a breastfeeding class or a support group.

Do you have reliable transportation? _____ Yes _____ No

Do you have childcare available for older children? _____ Yes _____ No

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

Name: _____

Phone number () _____

Your Signature: _____ **Date:** _____