

Postpartum Doula Training Scholarship Application

Postpartum Scholarship recipients are committed to provide 50 hours postpartum services to *Doulas Care* clients within 18 months of finishing the training. If unforeseen circumstances arise and a recipient is unable to completely fulfill this commitment, scholarships recipients agree to repay the cost of their training at a prorated amount based on the number of hours they completed. Currently the cost of the training is around \$500. The *Doulas Care* program depends on scholarship recipients to provide 50 hours of services or repay the cost of their scholarship so we can continue the scholarship program.

Before filling out this application please consider carefully if you are able to make this substantial commitment.

Please rank the training packages below in order of preference according to which package you want to take. If you are not granted your first choice and you have indicated a willingness to attend another set of trainings, we will keep your application active and reconsider you among the next pool of candidates.

___ Option II Enter Dates Here: _____
___ Option III Enter Dates Here: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone: _____ Email: _____

Check all that apply:

___ Mother ___ Teen mom ___ Single mom ___ Low income
___ Student: type or major _____

Racial/ethnic group(s):

___ African-American ___ Arabic ___ Asian ___ Caucasian ___ Hispanic
___ Native American ___ Multi-racial
___ Other (please specify) _____

Languages skills:

Would you take a client who's first language is not English?

If so, what languages would apply?

Spanish Arabic American Sign Language French

Other (please specify) _____

Please answer the following questions.

1. Why do you want to be a postpartum doula?

2. Do you have children yourself?

3. If you have children, did you breastfeed? Can you tell us about your experience with breastfeeding?

4. If you do not have children, have you had any experience working with newborns? Tell us about it.

5. Have you had any experience assisting families in the early weeks postpartum?

6. Have you read any books on the subjects of pregnancy, natural childbirth, breastfeeding, parenting, etc.? Please list.

7. Where do you see yourself in 3-5 years?

8. Will you be able to attend every session of the package you have elected?

9. Do you intend to fulfill all of the requirements towards Postpartum Doula Certification? (Please visit www.DONA.org for more information on doula certification requirements.)

10. The *Doulas Care Program* is a volunteer program that helps student doulas gain experience at births by matching them with low income, at risk women who could use some extra support during their pregnancy, birth, and postpartum but can't afford to hire a doula. Postpartum volunteers typically work in 3-4 hour shifts to assist families in need. Volunteer work must be completed within one year of completing the training. Do you believe it is realistic for you to commit to providing 50 hours of free postpartum services to families in need? If your ability to volunteer as a doula is limited for any reason (i.e., childcare concerns, transportation limitations, travel plans, school or work conflicts, current pregnancy), please explain. Please also note whether you would be available weekday hours as a volunteer doula.

11. What is your comfort level or experience in working with a culturally diverse population of women with limited resources?

12. Where or from whom did you hear about this program?

13. How important is this scholarship to you in order for you to become a postpartum doula?

14. Is there anything else you would like us to take into consideration when reviewing this application?

Postpartum Supplement

Please describe how you see your role with families as a postpartum doula:

List other skills, experience or training you bring to your role as a postpartum doula:

Please indicate below your general preferences and availability to work with families. (We realize this may change over time and with the seasons. You can update us as you become aware of changes.)

Availability:

Days of the week: M T W Th F S Su

Time(s) of the day: Morning Afternoon Evening Nighttime

Number of hours you are willing to commit to within a week: _____

Please indicate which of the following activities you would be willing to or able to engage in on behalf of the families you serve

- | | |
|---|---|
| <input type="checkbox"/> Attend medical appointments for the baby | Care of newborn |
| <input type="checkbox"/> Attend medical appointments for the mother | <input type="checkbox"/> Attend to other children's needs |
| <input type="checkbox"/> Light housework | <input type="checkbox"/> Translation (language) |
| <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Breastfeeding support | <input type="checkbox"/> Shop for groceries |
| | <input type="checkbox"/> Refer to community programs |