

Doula Support Specialist Application



Today's Date _____

Applicant Name _____ DOB _____

Address _____ City _____

Phone _____ E-mail _____

Are you now or have you ever been associated with any birth work organizations?

YES NO If YES, please explain _____

Have you ever been convicted of a crime? YES NO

If YES, please explain _____

Have you ever been investigated by Child Protective Services (CPS)? YES NO

If YES, please explain _____

Do you smoke or vape? YES NO

Have you ever been pregnant or given birth? YES NO

If YES, please include a brief description of your experience(s) in the letter assigned below.

Please answer the following in the form of a personal letter on a separate sheet of paper. Include this form with your responses.

What was it like to witness a baby being born?

Why do you want to become a full spectrum doula?

Why does natural childbirth appeal to you?

Attestation:

The information above is true to the best of my knowledge.

The words, thoughts and feelings in the attached letter are authentically my own.

I attended two births live and in person on the following dates _____ & _____.

Applicant Name (print) _____

Date _____

Applicant Signature _____