

## Doula Volunteer Application

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate \_\_\_\_\_

Work/Volunteer Experience \_\_\_\_\_

Doula Experience \_\_\_\_\_

Education/Special Training/Licenses \_\_\_\_\_

Foreign Language Skills \_\_\_\_\_

Hobbies \_\_\_\_\_

Have you ever been convicted of a crime? If “yes”, please explain (when, where, and reason)

What appeals to you about volunteering as a doula at Mercy Hospital of Folsom?

Are there any activities or conditions that you must avoid? (If “yes”, please explain)

Are you currently involved in any other certification programs? (If “yes”, please list)

**Times available:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

**Personal references:**

Name	Address	Phone	Relationship

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please email your completed application to [Olivia.Reed@DignityHealth.org](mailto:Olivia.Reed@DignityHealth.org) with subject line Doula Application.**

Thank you for your interest in our program!

**OFFICIAL USE ONLY**

Application	Accepted _____	Background screening	Date _____
		TB test complete	Date _____
		Health screening	Date _____
		Volunteer orientation	Date _____
		\$15.00 dues/\$15 uniform fee	Date _____
	Declined _____	Letter sent	Date _____