

## **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)

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What appeals to you about volunteering as a doula at Woodland Healthcare?

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)

*Please complete other side*

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 [Heidi.Mazeres@dignityhealth.org](mailto:Heidi.Mazeres@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 _____