

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)

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 Ramona.Blount@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 _____