

**BELLAS Breastfeeding Encouragement Learning Liaison And Support  
Potential Peer Counselor—Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

1. Are you currently employed or attending school? Yes No

If yes, where \_\_\_\_\_

Total number of hours per week: Work \_\_\_\_\_ School \_\_\_\_\_

2. Do you have other regular, daily responsibilities eg. Home schooling, care of children other than your own, care of elderly etc? Yes No

3. How did you learn to breastfeed?

\_\_\_\_\_  
\_\_\_\_\_

4. Have you been to any breastfeeding classes or support groups? Yes No

If yes, where? \_\_\_\_\_

5. Did/does anyone support your decision to breastfeed? Yes No

If yes, who? (Circle any that apply)

Peer Counselor    Mother    Baby's Dad    Friend(s)    Hospital    WIC  
La Leche League    Lactation Consultant    OB Doctor/ Pediatrician    Nurse

6. Are you a High School Graduate? Yes No

If yes, please list name of school and year of graduation

\_\_\_\_\_

7. Please list any languages you can speak: \_\_\_\_\_

8. Please list any languages you can read/write: \_\_\_\_\_

9. a. Are you or any of your family on WIC now? Yes No  
 b. If NO, has your family ever participated in WIC Yes No

10. Why do you want to help other women with breastfeeding? (use extra paper if you want to):

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11. Please tell us about your child(ren) and experience with breastfeeding:

Child's Name	Birthday	Breastfed? Yes/ No	Formula Fed? Yes/ No	Age weaned from Breast? (# months)
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12. How would your experiences with breastfeeding help you to help other women? (use extra paper if you want to):

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Why would you be a good Breastfeeding Peer Counselor?

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14. Have you ever been convicted of any crime, including sex-related or child abuse related offenses? Yes No

The above information is true and accurate

\_\_\_\_\_  
 (Signature of Applicant)

\_\_\_\_\_  
 (Date)