

Doula Training Application Form

First Name: _____ **Last Name:** _____

Address: _____

City/State/Zip: _____

Email Address: _____

Preferred Phone Number: _____ **County:** _____

Birth date MM//DD/YEAR: _____

**Return completed form to info@tnruralhealth.org*

Gender: ☐ Male ☐ Female **Veteran:** ☐ Yes ☐ No

Race: ☐ American Indian ☐ Alaska Native ☐ Asian ☐ Black

☐ Native Hawaiian ☐ White ☐ Other

Education: ☐ 9th-12th (NO Diploma) ☐ GED ☐ Highschool Diploma

☐ Some Colleges or associate degree ☐ Bachelor's Degree

Do you have personal experience in childbirth and/or assisting others through pregnancy? If so, please describe. (short answer in below space)

In your opinion, what services do Doulas provide that are of most value to pregnant women?

What qualities do you have that would make you a good doula? *(Short answer)*

What interests you most about this Training and Certification opportunity?

Describe any challenges you may experience that make completing the training difficult and what steps you will take to overcome them.

Are you currently employed? If yes, please describe your current role and hours:

Yes No

Do you have regular access to a smartphone, tablet, or computer with internet?

Yes No

Are you comfortable using apps or platforms for telehealth and documentation?

Yes No

Have you participated in any formal doula or health training? If yes, what program and when?

Yes No

I understand this program requires training, attendance at birth, and documentation.

I understand that if selected, I may be asked to complete a background check.

I certify that the information provided in this application is true and complete to the best of my knowledge.

Signature: _____

Date: _____