



Doulas Care Program

Nurturing, Educating and Empowering Childbearing Families

**Birth Doula Training
Scholarship Application**

Please rank the training packages below in order of preference according to which package you want to take. If you are not granted your first choice and you have indicated a willingness to attend another set of trainings, we will keep your application active and reconsider you among the next pool of candidates.

Option I Enter Dates Here: _____
 Option II Enter Dates Here: _____
 Option III Enter Dates Here: _____
 Option IV Enter Dates Here: _____
 Option V Enter Dates Here: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____ **Phone:** _____ **Email:** _____

Check all that apply:

Mother Teen mom Single mom Low income
 Student: type or major _____

Racial/ethnic group(s):

African-American Arabic Asian Caucasian Hispanic
 Native American Multi-racial
 Other (please specify) _____

Languages spoken, other than English (please indicate level of fluency):

Spanish Arabic American Sign Language
 Other (please specify) _____

Doulas Care is a non-profit 501(c)(3) organization

Offices located at Center for the Childbearing Year 722 Brooks Street Ann Arbor Michigan 48103
1-866-845-0003 or 734-332-8070 Doulascare@center4cby.com www.center4cby.com



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Please answer the following questions.

1. Why do you want to be a doula?

2. Have you given birth yourself?

3. Have you had any experience attending births of family members, friends, etc.?

4. Have you ever taken a series of Childbirth Preparation Classes? If so, what method was taught? Where was the class held? How long ago was it?

5. Have you read any books on the subjects of pregnancy, natural childbirth, or breastfeeding? Please list.

6. How do you expect to manage a lifestyle that involves being "on-call" and rushing off to births on short notice, day or night?

7. Where do you see yourself in 3-5 years?

8. Will you be able to attend every session of the training package you have chosen?

9. Do you intend to fulfill all of the requirements towards Doula Certification? Please visit www.DONA.org for more information on doula certification requirements.



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10. *The Doulas Care Program* is a volunteer program that helps student doulas gain experience at births by matching them with low income, at risk women who could use some extra support during their pregnancy, birth, and postpartum but can't afford to hire a doula. Support for one pregnant woman in the community involves providing 3 prenatal visits, being available for the "on-call" period of two weeks before and two weeks after her expected due date, attending the birth as labor support, and providing 3 postpartum visits. Can you participate as a volunteer doula in the *Doulas Care Program* through Center for the Childbearing Year for a minimum of 5 women?

11. Volunteer work must be completed within 18 months of completing the training. If your ability to volunteer as a doula within this timeframe is limited for any reason (i.e., childcare concerns, school or work conflicts, travel plans, transportation limitations, current pregnancy, etc., please explain).

12. What is your comfort level or experience in working with a culturally diverse population of women with limited resources?

13. Where or from whom did you hear about this program?

14. How important is this scholarship to you in order for you to become a doula?

15. Is there anything else you would like us to take into consideration when reviewing this application?