



Stork & Sprout Apprenticeship Program Application

Date: _____
Name: _____
Address: _____
Phone: _____
Email: _____

Stork & Sprout's birth apprenticeship program was created to provide a mentoring community. Stork & Sprout's apprentice doula team & program allows for new birth doulas to gain valuable experience and mentorship with one of the most respected doula teams in the Bay Area. During this program, participants will improve their knowledge and skills while observing, collaborating, and experiencing the joys of providing birth support to expecting couples. The program requires a commitment of 10-15 hours a month, in addition to being on call to observe and attend clients in labor.

Qualifications for inclusion in this program include:

- * Current or in-progress doula certification.
- * Experience and familiarity with Childbirth, Sexuality and Reproductive Health Issues.
- * Ability to relate in a non-judgmental, supportive basis to individuals with a wide range of needs and problems; ability to provide responsible information and support.
- * Emotional maturity, sense of humor, and the ability to work with diverse personalities.
- * Sensitivity to the needs of and difficulties faced by women and their families during both the prenatal and postpartum period.
- * Able to work flexible hours, including nights and weekends.
- * Ability to respond to colleagues and pregnant clients 24/7 during scheduled on-call shifts.
- * Reliable mode of transportation within a 30-mile radius of San Mateo, CA
- * Excellent written and oral communication skills.
- * Experience with Microsoft Office (Word, Excel) and social media resources (Facebook, WordPress)

CURRENT CERTIFICATIONS

Please provide details regarding any current certifications you may have. If you have a certification in progress (i.e. you have taken the workshop but not completed all of the certification requirements) indicate NO certification and provide the date you attended the course/workshop in OBTAINED.

Birth Doula:	Yes / No	Organization: _____	Obtained: _____
Postpartum Doula:	Yes / No	Organization: _____	Obtained: _____
Childbirth Educator:	Yes / No	Organization: _____	Obtained: _____
Lactation Educator:	Yes / No	Organization: _____	Obtained: _____
Other:	Yes / No	Organization: _____	Obtained: _____

No. births attended: _____

REFERENCES

Please provide details for three references. Ideally these should include past/recent clients, birth professionals, and should be non-family members (unless birth support was provided).

Name: _____
Phone: _____
Email: _____
Relationship: _____

Name: _____
Phone: _____
Email: _____
Relationship: _____

Name: _____
Phone: _____
Email: _____
Relationship: _____

AVAILABILITY

Indicate below days/times that you are unavailable to observe and assist with client visits and company presentations. **Labor support is understood to occur at any and all hours.**

	8-5pm	5-10pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Notes/Comments		

PROGRAM GOALS

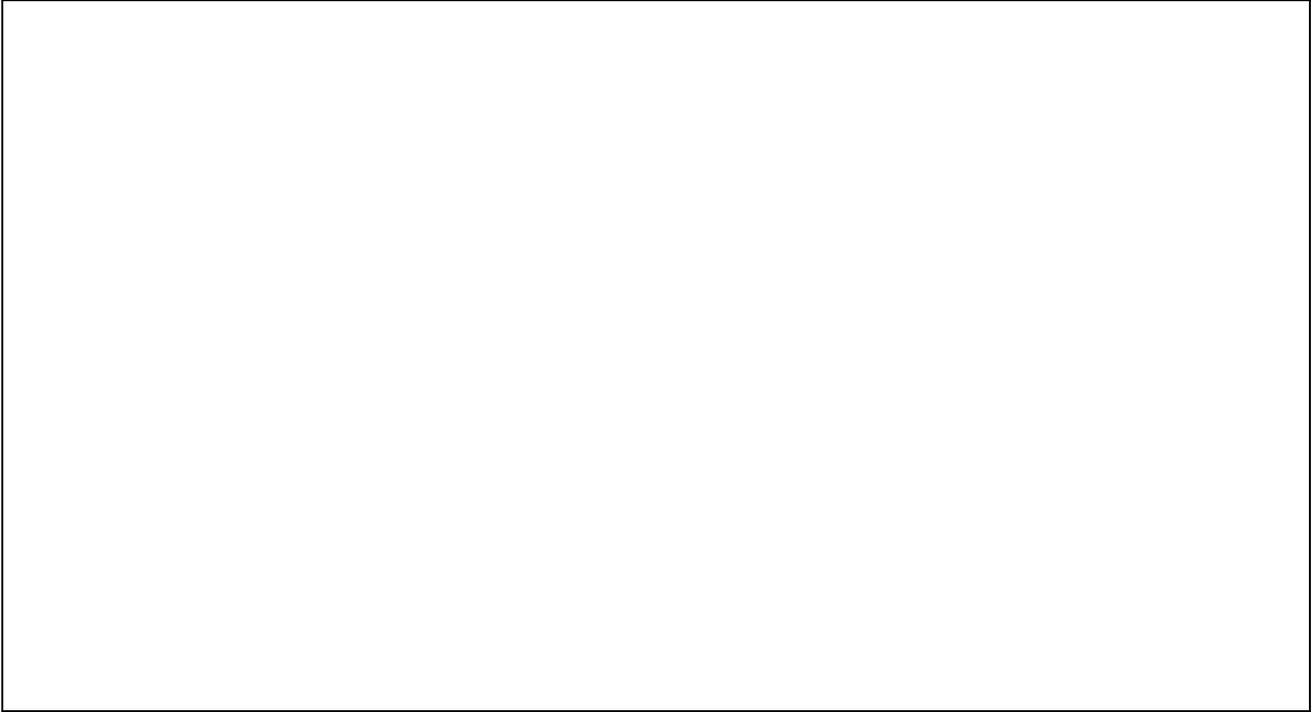
What interests you most about the birth doula apprentice program? What are your professional goals related to labor support for expecting women and their partners? How do you expect the program to assist you with these goals? You may answer in the space below or use additional paper, as needed.

BIRTH PHILOSOPHY

What is your personal philosophy regarding childbirth and labor support? You may answer in the space below or use additional paper, as needed.

PERSONAL GROWTH

What are your strengths and weaknesses? What are skills and knowledge that you would like guidance and support in developing? You may answer in the space below or use additional paper, as needed.

A large, empty rectangular box with a thin black border, intended for the student to write their response to the questions above. The box is currently blank.