



Public Health
Prevent. Promote. Protect.
Macon County Health
Department

MACON COUNTY HEALTH DEPARTMENT

Employment Application – We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

APPLICATION WIC BREASTFEEDING PEER COUNSELOR

Breastfeeding Peer Counselors provide basic information about breastfeeding to WIC mothers during their pregnancy, and after the baby is born. They encourage mothers to breastfeed, and help mothers find help if problems occur. Qualifications:

- Have breastfed at least one baby (do not have to be currently breastfeeding).
- Are enthusiastic about breastfeeding, and want to help other mothers enjoy a positive experience
- Can work at least 15 hours a week.
- Can travel to training (some may be virtual).
- Provide community outreach

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-mail address (if applicable): _____

What languages do you speak? _____

Have you, or are you currently receiving WIC services? _____ Yes _____ No

If yes, where did you receive services? _____

Circle highest grade you have completed:

Grade School 1 2 3 4 5 6 7 8 **High School** 9 10 11 12 **College** 1 2 3 4 Other

Tell us about your children.

Name	Age	How long did you breastfeed this child?

Why do you want to be a Peer Counselor for the WIC Program?

Tell why you think you will be a good peer counselor. Include any job experience or volunteer work you have done that will help you as a peer counselor.

Check off all of the following that you are able to do:

- Attend the training program
- Talk to pregnant women and breastfeeding moms from home.
- Talk to WIC mothers in the clinic.
- Help with a breastfeeding class or a support group.
- Provide community outreach

Reference: Include the name of a healthcare provider such as a WIC nutritionist, nurse, physician, or breastfeeding counselor who knows about your breastfeeding experience.

Name: _____

Address: _____

Phone Number: () _____

Signature: _____ **Date:** _____