



# WIC BREASTFEEDING PEER COUNSELOR APPLICATION

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 guide mothers to finding help if problems occur. Requirements for employment are:

- Breastfed 6 months or longer (do not have to be currently breastfeeding).
- Currently or Previously a WIC participant.
- Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.
- Bilingual a plus
- Must work at least 20-40 hours per week with 100% of work time in a clinic setting.
- Has a telephone and willing to make phone calls from home.
- Must be able to travel to clinic or office independently.

## Applicant Information

Name: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_  
Home Cell

Email address: \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

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

If yes, where did you receive services? \_\_\_\_\_

WIC ID Number: \_\_\_\_\_

Education:  
Mark the highest grade you have completed.

High School:  9  10  11  12

College:  1  2  3  4 College Major: \_\_\_\_\_



U.S. DEPARTMENT OF AGRICULTURE  
**WIC BREASTFEEDING SUPPORT**  
 LEARN TOGETHER. GROW TOGETHER.

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Tell us about your children.

Childs Name	Age	How long did you Breastfeed this child?

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

Why do you think you will be a good peer counselor?

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**If you're hired you will be required to attend a 5-day training session. Quiet nursing babies up to 6 months of age are welcome.**

**Travel is a requirement. You must have a valid driver's license and proof of insurance to be hired.**

**Reference:**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
 City State Zip

Phone Number: \_\_\_\_\_

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Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Include a current resume along with names and contact information for at least three (3) references with this application.