

Nursing Mothers' Counselor Training Application

Name _____ Date _____

Address _____

Home Phone _____ Cell _____ Other _____

Email _____

Please attach your responses to the following questions. Responses should be short, a sentence to a few paragraphs in length.

1. What are your reasons for applying to become a counselor with NMC?
2. Please describe your interests, hobbies, past jobs and educational background.
3. Do you have any personal experience with breastfeeding?
If yes, please describe your experience, including:
 - What influenced your decision to breastfeed?
 - How supportive did you find most people?
 - Any special circumstances, unusual problems, other challenges.
 - How would you define weaning? If you have weaned a child, how would you describe your experience?If not, please describe any professional or family experiences.
 - What personal interactions with mothers have influenced your decision to apply?
4. Do you have any experience working with breastfeeding mothers?
If yes, please describe any special situations or problems you have encountered.
5. What role do you think artificial breast-milk substitutes (including infant formula) have for the breastfeeding mother?
6. Where do you get most of your breastfeeding information?
What books do you own that have information on breastfeeding?
What online resources do you use?
7. How do you see the connection between birth and breastfeeding?
8. Tell us about a discussion you've had with someone who didn't know as much as you do about breastfeeding. Was it a positive experience? What kind of approach did you use (factual, personal, anecdotal, etc.)? Did you learn anything from your experience?
9. How did you hear about the Nursing Mothers' Council (NMC)?
10. What do you feel can be your most valuable contribution to NMC? Please describe any specific skills you bring (foreign language, facilitation, organizational skills, etc.).
11. Please read the NMC Vision and Values statement (refer to NMC website). Please ask us at least one question or make one comment about it.

Letter of Recommendation

To the Applicant: Please choose someone who knows you well and can speak to your personal qualities and skills. To ensure confidentiality we ask that the person making the recommendation mail it directly to BACE-NMC (you may wish to provide the writer with an addressed, stamped envelope).

To the Recommendation Writer:

What does a Nursing Mothers' Counselor do?

Nursing Mothers' Council-trained Breastfeeding Counselors provide free, current evidence-based information to women seeking information and support on breastfeeding by phone. Many also form Chapters and host free monthly Nursing Mothers' Gatherings throughout Massachusetts. Counselors must document all helping situations and communicate monthly with NMC. Counselors work in the community to empower women and their families with the knowledge, skills, and support they need to make informed choices about all aspects of the parenting journey. For more information, go to <http://www.bace-nmc.org> or contact us at bace@rcn.com

Applicant's Name: _____

Your Name _____ Date _____

Address _____

Phone number at which you prefer we contact you: _____

Good days/times to call: _____

Email _____

Please attach a letter of recommendation that includes the following points.

- How long have you known the applicant?
What is your relationship?
In what context have you interacted?
- Would you recommend the applicant for the Nursing Mothers' Council Counselor Training program? Why? Do you have any reservations?
- Please describe a time when you have seen the applicant demonstrate the qualities you think a breastfeeding support counselor should embody.
- Please describe the skills you have seen the applicant demonstrate that you think will translate to breastfeeding support.

Thank you for taking the time to recommend this applicant.