

Application for Doula Internship
@ South Coast Midwifery and Women's Health Care
4650 Barranca Parkway, Irvine, CA 92604
(949) 654-2727 Fax (949) 654-2735

Please complete all questions to the best of your knowledge and as thoroughly as possible ~

Date: _____

I. Personal Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone/Pager: _____

II. Education

School	Name of School	Date Completed	Subject Studied
High School			
College			
Graduate/Trade School			
Doula Training			

III. Employment History

Name of Present Employer: _____

Position: _____

Employment Dates: _____

Contact Person: _____ Title: _____ Phone: _____

Name of Previous Employer: _____

Position: _____

Employment Dates: _____

Contact Person: _____ Title: _____ Phone: _____

Name of Previous Employer: _____

Position: _____

Employment dates: _____

Contact Person: _____ Title: _____ Phone: _____

IV. Languages/ Special Skills

1.
2.
3.
4.

V. Certifications (CPR/First Aid, Neonatal Resuscitation, Massage Therapy, etc.)

Certification	Date Completed
1.	
2.	
3.	
4.	

VI. References

Name	Relationship	Phone Number
1.		
2.		
3.		

Please attach a one-page goal statement. This is your opportunity to describe the path that led you into working with birth; your individual qualities that are valuable to women in labor/birth; and your specific goals/aspirations in regards to working with South Coast Midwifery & Women's Health Care.

Please attach a copy of your Doula Program Certificate of Completion & any other pertinent licenses.
Mail or fax your completed application to:

Attention: Doula Internship Coordinator
South Coast Midwifery & Women's Health Care
4650 Barranca Pkwy, Irvine, Ca. 92604
P (949) 654-2727 F (949) 654-2735