

Doula Training Scholarship Application

Full Name:

Email Address:

Phone Number:

Address:

City:

Zip Code:

County of Residence:

What Race do you identify as?

What Ethnicity do you identify as?

Do you have children? If yes, how many?

Highest level of education:

List of community activities and/or previous volunteer work in the community:

How long have you lived in this community?

Language(s) in which you are comfortable providing services:

Do you plan on relocating?

Do you have any maternal-child health experience? If so, provide details.

Share why this training is important to you?

Do you know anyone who works for Healthy Start?

If yes, please list their name:

Estimated household income?

Are you interested in becoming a Certified Doula?

Do you have reliable transportation?



Understanding the time commitment how many births are you willing to commit to assisting women in the community within the year? (This includes being on-call and available 24 hrs./day for those women as they approach their due date.)

Have you completed/passed a Level II background screening within the last 5 years? If no, would you be willing to undergo a Level II background screening in accordance with local laws/regulations?

Have you received the flu vaccine? If yes, would you be willing to provide proof of vaccine? If no, would you be willing to receive the vaccine if medical facilities you provide Doula services require this vaccine?

Have you received the COVID-19 vaccine? If yes, would you be willing to provide proof of vaccine? If no, would you be willing to receive the vaccine if medical facilities you provide Doula services require this vaccine?

Are you currently employed?

If yes, please list the following:

Employment status (full time, part time, etc.):

Employer:

Job Title:

Start date:

Employer's address:

Employer's Phone number:

Are you CPR Certified? If yes, please provide dates valid:

A copy of the card will be required.

Are you legally authorized to work in the United States?

Electronic signature:

Date of signature:

Questions or comments?

For more information contact Theresa Harrison at or 850-482-1236 or Email completed applications to tharrison@chipolahealthystart.org COB Monday May 16th, 2022.