



Canton City Health Department

Women, Infants, and Children (WIC) Program
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APPLICATION WIC Breastfeeding Peer Helper

Breastfeeding Peer Helpers 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 about 10 hours a week.
- Have a telephone, and are willing to make phone calls from home.
- Have reliable transportation.
- Have a high school diploma or GED.
- Have a valid driver's license.

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? _____

WIC ID Number: _____

Circle highest grade you have completed:

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 Helper for the WIC Program?

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

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

- Attend the training program (four classes of four hours each scheduled by supervisor).
- Talk to pregnant and breastfeeding moms from your telephone at home.
- Talk to WIC mothers in the clinic.
- Make home visits with new mothers.
- Visit new mothers in the hospital.
- Help with a breastfeeding class or a support group.

Do you have reliable transportation? _____ Yes _____ No

Do you have childcare available? _____ Yes _____ No

Reference: Include the name of a healthcare provider such as a WIC nutritionist, nurse, etc.