



**Public Health**  
Prevent. Promote. Protect.

Canton City Health District

**Canton City Health District**  
420 Market Ave N • Canton, OH 44720  
(330) 489-3231

**Part Time Job Application  
WIC 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. Peer Helper qualifications include:**

- ✓ 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.
- ✓ Have reliable transportation.
- ✓ Have a high school diploma or GED.
- ✓ Have a valid driver's license.

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ Date Filed \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number (home) \_\_\_\_\_ Telephone Number (cell) \_\_\_\_\_

E-mail Address (if applicable) \_\_\_\_\_

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

Have your, or are you currently receiving WIC services? \_\_\_Yes \_\_\_No

If yes, where did you receive services? \_\_\_\_\_ WIC ID Number \_\_\_\_\_

Highest grade completed (circle): **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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do 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. \_\_\_\_\_

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**Check off all 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

**References:** Include the name of a healthcare provider such as a WIC nutritionists, nurse, etc. \_\_\_\_\_

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date