



# Nursing Mothers Advisory Council, Inc.

*A non-profit organization offering information and support to breastfeeding mothers*

*Abington Nursing Moms • Doylestown Nursing Moms • Mt. Airy-Chestnut Hill Nursing Moms • Warwick-Warminster Nursing Moms*

## NMAC COUNSELOR TRAINING COURSE REGISTRATION FORM

*Please return registration form, volunteer application, and payment in full according to the fee schedule to:  
Tara Bernabe, 3857 Robin Road, Furlong, PA 18925*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

BEST TIME TO REACH YOU: \_\_\_\_\_ AT WHICH NUMBER? \_\_\_\_\_

NMAC CHAPTER YOU PLAN TO COUNSEL WITH (if applicable): \_\_\_\_\_

If you will not be an NMAC counselor, please indicate your affiliation \_\_\_\_\_

Have you breastfed for 6 months or more?    Y    N    Do you have access to the Internet?    Y    N

Have you ever attended a meeting of a breastfeeding support group? *(please circle all that apply)*

YES – NMAC    YES – LLL    YES – OTHER *(specify)* \_\_\_\_\_    NO

PLEASE INDICATE HOW YOU HEARD ABOUT THIS COURSE *(please circle all that apply)*:

NMAC website                      NMAC Facebook                      NMAC email                      NMAC Counselor

NMAC Meeting                      Posting in community                      Other *(please specify)* \_\_\_\_\_

Please check here if you wish to borrow class text through NMAC (NMAC counselors-to-be only)

Please indicate the total amount enclosed \$ \_\_\_\_\_



# Nursing Mothers Advisory Council, Inc.

*A non-profit organization offering information and support to breastfeeding mothers*

*Abington Nursing Moms • Doylestown Nursing Moms • Mt. Airy-Chestnut Hill Nursing Moms • Warwick-Warminster Nursing Moms*

## VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NAME OF SIGNIFICANT OTHER (IF APPLICABLE): \_\_\_\_\_

NAMES AND BIRTH DATES OF YOUR CHILDREN: \_\_\_\_\_

OCCUPATION(S) PAST & PRESENT: \_\_\_\_\_

SKILLS (COMPUTER, CLERICAL, PROFESSIONAL ETC.): \_\_\_\_\_

The following questions are designed to introduce you to the coordinators of your group, providing insight into your experiences and skills as a mother and volunteer.

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER:

1. Please tell us about your childbirth and labor experience(s).
2. Please share some of your nursing experiences.
3. If you have weaned, please describe this experience.
4. Why do you want to be a counselor?

### COUNSELOR RESPONSIBILITIES:

- TAKE ASSIGNED MOMS TO COUNSEL OVER THE PHONE ON A REGULAR BASIS.
- ATTEND MONTHLY COUNSELOR MEETINGS, A MINIMUM OF FOUR MOMS' MEETINGS AND TWO STUDY NIGHTS PER YEAR.
- HELP WITH CHAPTER FUNDRAISING EFFORTS.
- TAKE ON A CHAPTER JOB AND/OR VOLUNTEER TO HEAD UP SPECIAL CHAPTER PROJECTS.

COUNSELOR TRAINEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return to Tara Bernabe, 3857 Robin Road, Furlong, PA 18925**