



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.
- ✓ Can work approximately ten hours a week.
- ✓ Have a telephone and are willing to make telephone calls from home.
- ✓ 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. _____

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. _____

Applicant's Signature

Date