

Doula Association of the Mountain Area

Our Mission: To promote the role of doulas during birth and the postpartum period, serve as a referral source for nationally trained doulas, uphold professional standards of doula practice and provide education and peer support to our members.

Dear Doula,

We are very pleased at your interest in applying for membership with the Doula Association of the Mountain Area (DAMA). Enclosed you will find an application, application checklist, membership agreement, and reference forms. As you review these materials, and begin the application process, we hope you'll consider two important expectations we have of all our members:

- 1) To keep continually updated in the field of doula practice and childbirth trends by reading, attending workshops and networking with other doulas*
- 2) To invest time and energy as an active, contributing member of **DAMA** and one of its committees*

We look forward to receiving your application and learning more about you. The Membership Committee meets monthly and will contact you within a few days of the review of your application. **Please note that we need all of your application materials in a single packet. We can only review complete Application packets.** If no one on the membership committee has met you we may call you in a week or two in order to get to know you better and provide an opportunity for you to ask questions about DAMA. We may also request a face-to-face informal interview.

If you have any questions about these materials, the application process or DAMA please visit our website at www.wncdoulas.com or call the DAMA line at 258-4873.

Thank you so much for your contributions to the birthing community.

In the doula spirit,

Cheryl Orengo, BS, CD(DONA), ICCE
Chair, Membership Committee

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Membership Checklist

All of the following should be mailed together in **one** envelope to the address below.

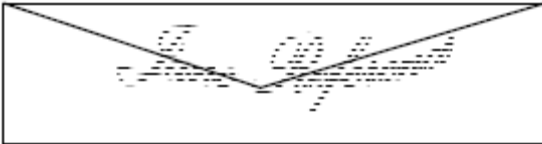
___ DAMA Application for Membership

___ DAMA Membership Agreement for Certification Candidates

___ A total of **3** references, 1 each from: either a recipient of your doula services in the past 12 months, a supervisor, doula trainer, medical provider or co-worker. In considering who you will ask to complete references, be sure that they know you well enough to adequately rate your capacity to serve as a doula based on the characteristics listed on the reference letter.

To ensure confidentiality:

- Reference letters must be placed in an envelope, sealed and signed by the person giving the reference across the (see diagram below)
- If necessary a faxed reference with the references contact information clearly listed is acceptable with their prior phone call to the membership chair.



___ Brief list of any other work or volunteer experience related to pregnancy, birth or women and families

___ Check for \$15 application fee made out to DAMA.

___ Copy of your doula training certificate

___ ***Things to Consider Before Joining DAMA*** checklist

___ Brief description of why you would like to be a doula

Note: Please mail above items in a single packet to:

**Cheryl Orengo
DAMA Membership Committee Chair
358 Kenilworth Road
Asheville, NC 28805**

We cannot consider incomplete application packets.

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Application for Membership

1. Contact/Member Information (please print)

Name: _____ Daytime phone: _____

Evening phone: _____ E-mail: _____

Cell phone / Pager: _____ Birthday: _____

****Please circle the phone number(s) above to be included on a public doula list***

Mailing address: _____ County: _____

For Association use only. Date received: _____ Date reviewed: _____ Approved? Yes / No

2. Doula Training and Related Experience

Training Program: ___ DONA ___ CAPPa ___ ICEA ___ Other (*please specify*) _____

Name of trainer: _____ Date(s) of training: _____

Certification Candidates: Have you requested your Certification Packet? ___ No ___ Yes, expiration date _____

Certified Doulas: Beginning date of certification _____ Expiration date _____

How many women have you provided with labor or postpartum support since your training? _____

How many births (or families in a postpartum role) have you attended in a non-doula role? _____

Other relevant training or certifications held (include type, name of organization and date): _____

3. Additional Required Information

1. Three sealed references (forms included) signed across the seal.
2. Certificate from your doula training or for certification.
3. Brief description of why you want to be a doula
4. Signed Membership Agreement
5. Signed ***Things to Consider Before Joining DAMA***
6. Brief list of any additional work or volunteer experience related to pregnancy, birth, or women and families.
7. Check for \$15 (application fee) made out to DAMA. *Application fee is non-refundable.*

Please assemble **all of the above items** and mail with this application **in a single packet** to the **Chair of the Membership Committee** (see cover letter).

All of the information submitted is true to the best of my knowledge.

Signature: _____ Date: _____

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Membership Agreement

Once my membership is approved, I agree to:

- Uphold the mission of DAMA.
- Complete and maintain all certification requirements for the national certifying body (as recognized by DAMA as stated in the Policy Manual) with which I trained as a doula. I also agree to submit an application for certification within two years of the date I join DAMA.
- **Certification Candidates:** Request a mentor from DAMA, as needed, to assist and encourage me in completing the certification process. **Certified doulas:** Mentor Certification Candidate members, offering encouragement and assistance and attending clients with them as necessary.
- **Certification Candidates** Provide a progress report every 6 months to the chair of the Member Support Committee specifying activities I have completed towards certification.
- Notify the chair of the Membership Committee with certification status, address, email or phone changes.
- Provide services within the Scope of Practice of my national certifying body (as recognized by DAMA as stated in the Policy Manual).
- Read and be familiar with the Orientation Notebook including DAMA’s Policy Manual
- Conduct myself in a professional manner while serving clients, working with healthcare professionals and representing DAMA in the community as well as treat DAMA members with respect, fairness, courtesy, fairness and good faith.
- Honor DAMA’s mission of service to all who want a doula by providing a fair portion of my services (at least 1 per year) annually to Medicaid-eligible clients and significantly reduce or eliminate my fee in those cases.
- Serve as an active member of one of DAMA’s standing committees & attend at least 6 committee meetings or activities.
- Support the operation of DAMA through volunteering as the “communications manager” to handle voicemail communications at least one month during the year.
- Attend at least 6 DAMA meetings.
- **Birth Doulas** Provide DAMA with information for its database by submitting a copy of the DONA Data Collection Form after each birth. Forms on line at www.DONA.org
- Inform the Chair of the Membership Committee if I am no longer able to provide labor support services or if I wish to withdraw my membership from DAMA.
- Contribute \$30 (annual dues) to DAMA at the February meeting, the first Thursday of the month. The latest date would be March 15. *Initial dues will be prorated according to date of acceptance into DAMA.*

I understand that failure to fulfill these responsibilities may jeopardize my membership with the Doula Association of the Mountain Area.

Signature: _____ Date: _____

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Please include one copy with application packet and keep one copy for your records.

Things to Consider...

Being a doula can be exciting and personally rewarding. However, whether you have two clients per year or two per month, each client you accept will involve significant responsibility and commitment of your time. Please give careful thought to the following questions. If you have difficulty answering “Yes” to them, you may need to reconsider whether being a doula is best for you and your potential clients, at this time in your life. **After considering each question, sign the form and add it to your application packet.**

Each time you accept a client:

- 1) Will you have the stamina and willingness to offer several, uninterrupted hours of support?
- 2) ***Birth Doulas:*** Will you be able to make arrangements to be away from daily responsibilities (work, childcare, school, elder care etc.) for extended periods during both day and night hours with short notice?
- 3) Will you be able to arrange prenatal time (one or more home visits) with your client to help establish rapport, confidence, and preparation for labor and birth or postpartum?
- 4) Do you have a cell phone or pager that allows you to be reached at any time...24 hours a day?
- 5) ***Birth Doulas:*** Can you be “on call” 24/7 at least 2 weeks prior to your client’s due date and until her labor begins?
- 6) Will you have access to reliable transportation with short notice?
- 8) Do you have caring support for yourself...help after long or difficult birthing or postpartum experiences?
- 9) Will you be truly supportive of the personal and individual desires and choices of your client, even when they differ from your own?
- 10) Will you be able to suspend personal opinion/judgment about medical decisions made by your client, her partner and caregivers (doctors, RN’s, CNM’s) and work as a team member with all involved?
- 11) Will you establish relationships with other doulas and always have a back-up doula, in case you are not available when your client needs you?

Additional items to consider:

Will you keep continually updated in the field of doula practice and childbirth and postpartum trends by reading, attending workshops and networking with other doulas?

Are you willing to invest time and energy as an active, contributing member of DAMA?

I have given thought to the above questions and understand these responsibilities of being a doula and a member of DAMA.

Signed _____ **Date** _____

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Please include this completed form with your application packet.

Letter of Reference

DAMA is a professional organization established to increase public awareness of doulas (birth & postpartum companions) and to promote their role as valuable members of the childbirth & postpartum team. An important part of DAMA's mission is to uphold a professional standard of practice among its members. With that in mind, please evaluate the applicant below. Thank you for your valuable input.

Name of applicant _____ **How long have you known applicant?** _____

What is/has been your relationship with this applicant? (*check all that apply*) Client, Doula Trainer, Supervisor, Physician, Midwife, L & D Nurse, Co-worker, Other (*specify*) _____

Please rate the applicant in each category below: 1(low) to 5 (high) or dk (don't know)

Dependable.....	1 2 3 4 5 dk
Exercises good judgment under stress.....	1 2 3 4 5 dk
Responsible.....	1 2 3 4 5 dk
Open-minded.....	1 2 3 4 5 dk
Flexible.....	1 2 3 4 5 dk
Nurturing.....	1 2 3 4 5 dk
Accepting of differences in others.....	1 2 3 4 5 dk
Motivated.....	1 2 3 4 5 dk
Team player.....	1 2 3 4 5 dk

Additional comments: _____

Your name (please print) _____ **Telephone** _____

Signature _____ **Date** _____

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Only references submitted in this manner will be considered.

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