



**Tallahassee Doula Co-Op  
Membership Application**

**Contact Information**

Name	
Address	
Phone	
E-mail	

1. Please tell us about yourself as a person.
2. What are strengths/weaknesses as a person and would you like to share something specific in your life that shaped who you are today?
3. What is the extent of your birth or postpartum doula experience? How many years or clients?
4. What was the most memorable experience you have had at a birth?
5. Why are you pursuing doula work? How many births a year do you typically attend or plan to attend?
6. How would you describe your style as a doula?
7. What is your birth philosophy?
8. What is your biggest challenge as a doula?
9. What experience, schooling and training do you have?
10. What skills do you bring to the operation/upkeep of the co-op? (administration, emailing, organization, energy, marketing, events, website, etc.)
11. What are you hoping the co-op will do for you?

12. Are you willing to pay dues into the doula co-op? Yes  No

13. Are you willing to abide by the Tallahassee Doula Code and Bylaws (attached)? Yes  No

14. Have you ever been convicted of a felony? Yes  No

15. If so could you please give the dates and the nature of the offense?