

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 pleased to learn of your interest in becoming a member of the Doula Association of the Mountain Area (DAMA), the largest association of independent, professional doulas in Western North Carolina. Prior to applying for membership, we ask that you attend one of our monthly DAMA Gatherings (non-business meetings). You'll have a chance to meet some of our members and ask questions, and we can begin to know you.

Enclosed you will find an Application, Application Checklist, Membership Agreement, and Letters of Reference.

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 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 meeting you at an upcoming DAMA Gathering and receiving your application for membership. 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. Only complete application packets will be reviewed.** If you have questions about these materials, the application process or you need to know the date and time of an upcoming DAMA Gathering visit our website at www.wncdoulas.com or call me at 828-777-8899.

Thank you for your contribution to the birthing community.

In the doula spirit,

Chama Woydak, CD (DONA), LCCE, DAMA Membership Chair

DAMA P.O. Box 1822 Asheville, NC 28802

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.

MEMBERSHIP AGREEMENT

Once my membership is approved, I agree to:

- Uphold DAMA's mission statement
- Always conduct myself in a professional manner while relating to fellow DAMA members, serving clients, working with healthcare providers and representing DAMA in the community
- Hold a valid Certification Packet or maintain continual Certification in the doula service(s) for which I am being marketed by DAMA
- **Certification Candidates:** Submit an application for certification within two years of the date I join DAMA.
- **Certification Candidates:** Request a mentor from DAMA to assist and encourage me in completing the certification process.
- **Certification Candidates:** Provide a progress report every 6 months to my mentor and the chair of the Membership Committee specifying activities I have completed towards certification.
- **Certified doulas:** Mentor Certification Candidate members, offering encouragement and assistance and attending clients with them, as necessary.
- Read and become familiar with DAMA's Orientation Notebook and Policy Manual.
- Provide services within the Scope of Practice for my national certifying body (as stated in DAMA's Policy Manual).
- Honor DAMA's mission of service to all who want a doula by providing a fair portion of my services to Medicaid-eligible clients (at least 1 per year) and significantly reduce or eliminate my fee in those cases.
- Be active in DAMA...attend ALL four Business Meetings per year and make an effort to attend DAMA Gatherings.
- Join and serve as an active member of one of DAMA's committees.
- Notify the chair of the Membership Committee promptly with changes to my certification status, address, email, or phone number.
- Inform the chair of the Membership Committee if I am no longer able to provide services to clients or wish to withdraw my membership from DAMA.
- Pay annual dues by February 15th of each year
Currently dues are _____. Initial dues will be prorated according to your 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: _____

Doula Association of the Mountain Area, P.O. Box 1822, Asheville, NC 28802

(revised 12/23/09)

Doula Association of the Mountain Area

APPLICATION FOR MEMBERSHIP

1. Contact Information (please print)

NAME _____ Daytime number _____

Address: _____

E-mail _____ Cell phone _____ Birthday _____

2. Doula Training and Experience

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

Name of Trainer: _____ Date(s) of Training _____

Certification Candidates: What is the expiration date on your certification packet? _____

Certified Doulas: Beginning date of certification _____ Expiration Date _____

NOTE: DAMA Membership requires either current Certification or possession of a valid Certification Packet.

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

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

3. Additional Required Information

- Brief list of any additional work or volunteer experience related to pregnancy, birth, or women and families
- Brief description of what led you to become a doula and why you are interested in joining DAMA.
- Three (3) sealed Letters of Reference, signed across the seal. **(At least one must be from a supervisor, your doula trainer or someone else you know in a professional capacity)**
- A copy of your birth or postpartum doula training certificate or your current Doula Certification
- Signed *Membership Agreement*
- Signed *Things to Consider before Joining DAMA*
- Check for \$15.00 (application fee) made out to DAMA. Application fee is non-refundable.
- Verification of attendance at a DAMA Gathering prior to application.

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

Signature _____ Date _____

Please assemble **all of the above items** and mail with this application **in a single packet** to:

Membership Committee Chair P.O. Box 1822, Asheville, NC 28802

(revised 12/23/09)

Doula Association of the Mountain Area

Letter of Reference

DAMA is a professional organization established to increase public awareness of doulas (birth and postpartum companions) and to promote their role as valuable members of the childbirth and 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 doula applicant below. Thank you for your valuable input.

Name of applicant _____

How long have you known applicant? _____

What 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)

Dependable1 2 3 4 5 dk

Exercises good judgment under stress.....1 2 3 4 5 dk

Responsible1 2 3 4 5 dk

Open-minded1 2 3 4 5 dk

Flexible1 2 3 4 5 dk

Nurturing1 2 3 4 5 dk

Accepting of differences in Others.....1 2 3 4 5 dk

Motivated.....1 2 3 4 5 dk

Team Player1 2 3 4 5 dk

Additional comments: _____

Your name (please print) _____ telephone # _____

Signature _____ Date _____

Note to person completing form, to ensure your confidentiality:

This letter must be placed in an envelope, sealed, and signed by you across the seal.

Please return the sealed envelope to the applicant.

(Revised 12/23/09)

Doula Association of the Mountain Area

Letter of Reference

DAMA is a professional organization established to increase public awareness of doulas (birth and postpartum companions) and to promote their role as valuable members of the childbirth and 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 doula applicant below. Thank you for your valuable input.

Name of applicant _____

How long have you known applicant? _____

What 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)

Dependable1 2 3 4 5 dk

Exercises good judgment under stress.....1 2 3 4 5 dk

Responsible1 2 3 4 5 dk

Open-minded1 2 3 4 5 dk

Flexible1 2 3 4 5 dk

Nurturing1 2 3 4 5 dk

Accepting of differences in Others.....1 2 3 4 5 dk

Motivated.....1 2 3 4 5 dk

Team Player1 2 3 4 5 dk

Additional comments: _____

Your name (please print) _____ telephone # _____

Signature _____ Date _____

Note to person completing form, to ensure your confidentiality:

This letter must be placed in an envelope, sealed, and signed by you across the seal.

Please return the sealed envelope to the applicant.

(Revised 12/23/09)

Doula Association of the Mountain Area

Letter of Reference

DAMA is a professional organization established to increase public awareness of doulas (birth and postpartum companions) and to promote their role as valuable members of the childbirth and 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 doula applicant below. Thank you for your valuable input.

Name of applicant _____

How long have you known applicant? _____

What 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)

Dependable1 2 3 4 5 dk

Exercises good judgment under stress.....1 2 3 4 5 dk

Responsible1 2 3 4 5 dk

Open-minded1 2 3 4 5 dk

Flexible1 2 3 4 5 dk

Nurturing1 2 3 4 5 dk

Accepting of differences in Others.....1 2 3 4 5 dk

Motivated.....1 2 3 4 5 dk

Team Player1 2 3 4 5 dk

Additional comments: _____

Your name (please print) _____ telephone # _____

Signature _____ Date _____

Note to person completing form, to ensure your confidentiality:

This letter must be placed in an envelope, sealed, and signed by you across the seal.

Please return the sealed envelope to the applicant.

(Revised 12/23/09)

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 a commitment of your time. Please give careful thought to the following questions. If you have difficulty answering "Yes" to one or more of them, you may need to reconsider whether being a doula is best for you and your potential clients at this time in your life.

Each time you accept a client:

1. Will you have the stamina and willingness to provide an unpredictable number of uninterrupted hours of support?
2. 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?
3. Do you have a cell phone or pager that allows you to be reached at any time...24 hours a day?
4. Will you be able, on short notice, to make arrangements to be away from daily responsibilities (work, childcare, school, elder care etc.) for extended periods during both day and night hours?
5. As a birth doula, can you be "on call" 24/7 at least 2 weeks prior to your client's due date and until her labor begins (as much as 2 weeks after her due date)?
6. And can you tolerate the smells, sounds, and medical nature of attending birth?
7. 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. Are you prepared 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?
12. 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?

I have considered the above questions and acknowledge their importance in being a good doula.

Your signature _____ Date _____

Doula Association of the Mountain Area

Membership Application Checklist

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

- ___ DAMA Application for Membership
- ___ Brief list of any other work or volunteer experience related to pregnancy, birth, women, or families
- ___ Brief description of what led you to become a doula and why you want to join DAMA
- ___ Three (3) Letters of Reference (at least one must be from someone who knows you in a professional capacity)
- ___ DAMA Membership Agreement
- ___ *Things to Consider before Joining DAMA* checklist
- ___ Copy of your doula training certificate and the page of your Certification Packet showing when it expires **OR**
a copy of your Doula Certification document
- ___ Check for \$15.00 application fee made out to DAMA
- ___ Verification of attendance at a DAMA Gathering

Please mail above items in a single packet to:

Chama Woydak

Chair: Membership Committee

DAMA, P. O. Box 1822, Asheville, NC 28802

We cannot consider incomplete application packets.