

**Philadelphia Alliance for Labor Support
Membership Registration**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____(home) _____(work)

_____ (pager) _____ (cell)

e-mail: _____

Are you a Student? Yes No

If yes, school: _____ program: _____ year: _____

Please describe any experience you have had with women's health, birth, or pregnancy:

Briefly explain why you would like to become a doula and how you plan to use your skills:

Please check and sign the following:

I am not trained as a doula. I understand that I will not be able to attend births through the Prenatal Match-up or On-Call Programs until I attend a doula training weekend. In the meantime, I can participate in all other PALS activities.

-or-

I am already a doula and I want to be an active member of PALS. I have previous training and/or certification as a doula. I would like to participate in the Prenatal Match-up and/or On-Call Programs. I understand that I will have to go through an orientation process before providing services.

TRAINING DATE: _____

TRAINING ORGANIZATION: DONA ALACE ICEA OTHER _____

Are you certified? Yes No If yes, certification date: _____

If you are trained, which type of referrals are you interested in receiving from PALS? (check all that apply)

Prenatal Match-up

Postpartum

On-call Program

Not interested in referrals at this time

Are you interested in becoming certified (if not already)? Yes No Unsure

Are you interested in DONA membership? Yes No
(DONA membership is one step in the certification process)

How did you find out about PALS? _____

What second languages do you speak? With roughly what proficiency? _____

If you plan to attend births through PALS:

I have read the immunization information sheet. I understand that PALS highly recommends, but does not regulate, that all doulas be up-to-date with their immunizations (measles, mumps, rubella, varicella, & hepatitis B) and have an annual tuberculosis skin test (PPD) for the health of the doula, the clients and their babies, and the entire health care facility community.
<http://dolphin.upenn.edu/~doulas/documents/ImmunizationInfo.pdf>

I have read and signed the Pledge of Confidentiality.
<http://dolphin.upenn.edu/~doulas/documents/Confidentiality.pdf>

Applicant Signature: _____ Date: _____

Please do not write in the box. Thanks.

Dues Payment (\$5): Check/Money order Cash

Date Paid : / /

Treasurer Initials: _____