

DOULA NETWORK OF NORTHEAST OHIO

Member Survey

*Fill Out and Return to Cindy Bellows, Membership Coordinator before **July 10, 2011**
7577 Murray Avenue, Mentor, Ohio 44060*

Name:		Business Name:	
Address:		City:	Zip:
Phone No.:	Pager No.:		Cell No.:
Email Address:		Web Site:	
Certified Birth Doula? <i>Yes ___ No ___</i>	Trained Birth Doula? <i>Yes ___ No ___</i>	Seeking Certification? <i>Yes ___ No ___</i>	Certifying Organization(s): _____
Certified Postpartum Doula? <i>Yes ___ No ___</i>	Trained Postpartum Doula? <i>Yes ___ No ___</i>	Seeking Certification? <i>Yes ___ No ___</i>	Certifying Organization(s): _____
Doula Partner(s): _____			
Web site referral listing, choose: Phone _____; E-mail _____; Web Site _____ Do not list me for referrals _____			
Other professional affiliations, certifications, licensures: _____ _____		Areas of special interest or concern: _____ _____	
Region(s) in which I am willing to provide birth and/or postpartum doula services (<i>mark all that apply</i>):			
Cleve—East _____	Cleve—West _____	Akron _____	Canton _____
Cuyahoga County _____	Geauga County _____	Holmes County _____	Lake County _____
Lorain County _____	Ashland County _____	Medina County _____	Portage County _____
Summit County _____	Stark County _____	Tuscarawas County _____	Trumbull County _____
Wayne County _____	Other: _____		
Hospital(s) in those regions checked above at which I am <i>NOT</i> willing to provide birth doula services: _____			
Approximate number of births attended: _____		Approximate number of postpartum clients served: _____	
Will attend homebirths: <i>Yes ___ No ___</i>		Approximate number of homebirths attended: _____	
Birth doula services include: _____ _____			
Postpartum doula services include: _____ _____			
Fee for birth doula services <i>(confidential)</i> : _____	Fee for postpartum doula services <i>(confidential)</i> : _____	I will occasionally volunteer my services: <i>Yes ___ No ___</i>	
I am willing to be contacted by other DNNEOH members for backup services: <i>Yes ___ No ___</i>			
Joining the DNNEOH: <i>Yes ___ No ___</i>		Joining DONA through the DNNEOH: <i>Yes ___ No ___</i>	
I am renewing an individual membership to DONA through the DNNEOH for the <i>first time</i> : <i>Yes ___ No ___</i>			
Membership meetings preferences: Mon. ___ Wed. ___ Thurs. ___; A.M. ___ P.M. ___; Frequency? _____			
I am interested in leading meetings: <i>Yes ___ No ___</i>		I wish to join the steering committee: <i>Yes ___ No ___</i>	

Please complete all questions in the survey by typing directly in the PDF document. Submit your check to the Doula Network of Northeast Ohio in the amount of \$50 for membership in both the Doula Network of Northeast Ohio and DONA International (\$60 if submitted after July 10th); OR in the amount of \$25 for only Doula Network of Northeast Ohio membership (\$30 if submitted after July 10th).