Central District Health Department
Supplemental Application Questionnaire

Position: **Breastfeeding Peer Counselor**

Applicant's Name: _____
Applicant's email address: _____
Applicant's phone number: _____

This questionnaire must be completed and turned in with the application for employment. Please be complete but concise. Resumes are strongly encouraged.

1. What is your personal experience with breastfeeding?

2. What interests you about being a peer counselor?

3. What do you see as the greatest benefit/benefits for breastfeeding?

4. What is your experience with the WIC program?

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