



**PROFESSIONAL REFERENCE 1**

NAME		RELATIONSHIP
PHONE	EMAIL ADDRESS	

**PROFESSIONAL REFERENCE 2**

NAME		RELATIONSHIP
PHONE	EMAIL ADDRESS	

**PROFESSIONAL REFERENCE 3**

NAME		RELATIONSHIP
PHONE	EMAIL ADDRESS	

**QUESTIONS**

Why are you interested in joining Legacy's doula contractor program?

How many Medicaid clients are you hoping to get per month (or quarter, or year) through Legacy?

What is your experience working with under-resourced populations?

Any additional skills, identities or lived experiences that you think might be relevant?

*I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous information may be ground for dismissal.*

\_\_\_\_\_  
SIGNATURE (typed or signed)

\_\_\_\_\_  
DATE

Please download and fill out this application. Send completed application and attach resume or CV, any doula trainings, certifications or proof of other advanced trainings to [doulas@lhs.org](mailto:doulas@lhs.org).