Lavender Grace - Lactation Consultant Application

Thank you for your interest in joining Lavender Grace. Please complete this application in full and upload all required documents. Incomplete applications cannot be reviewed. Once submitted, our team will contact you if your qualifications align with our current needs.

Personal Information

Full name: _____ DOB:_____

Phone number: _____ Gender: _____

Email address: _____

City/State: _____

Are you legally authorized to work in the U.S.? (Yes / No)

City / Area You Serve : _____

Professional Background

Primary role: IBCLC / CLC / CLE / Other (please specify)

Certifying body: _____

Certification number & expiration date: _____

How many years have you been supporting lactation / breastfeeding? _____

Current employment status**:** Full-time / Part-time / Per diem / Self-employed

Availability & Service Area

Typical availability: Days / Evenings / Overnights / Weekends

Are you available for in-home visits? (Yes / No)

Primary service area (miles from your home base): _____

Are you open to extended travel for an additional travel fee? (Yes / No)

Reliable Transportation? (Yes / No)

Safety & Background

Are you willing to undergo a background check? (Yes / No)

Are you willing to undergo a drug test if required? (Yes / No)

Have you ever been terminated from a childcare or doula-related role? (Yes / No)

Have you ever been investigated for misconduct involving children or families? (Yes / No)

Do you have any pending legal matters? Yes / No

Experience & Scope

Briefly describe your experience working with postpartum families:

_____

_____

What types of feeding support do you provide?

_____

Check all that apply:

- Direct latch support
- Pumping plans
- Bottle feeding
- Combination feeding
- Induced lactation / relactation
- NICU/complex cases

Comfort level with virtual consults**:** (Comfortable / Somewhat / Not at this time)

Languages spoken: _____

Philosophy & Approach

How would you describe your approach to lactation support?

_____

_____

How do you support families who choose formula or combination feeding?

_____

_____

How do you incorporate trauma-informed and inclusive care into your work?

_____

_____

Safety, Documentation & Business

Do you carry professional liability insurance? (Yes / No)

If yes, carrier & coverage limits: _____

_____

Do you operate as an independent contractor (1099)? (Yes / No)

Reliable Transportation? (Yes / No)

Are you willing to undergo a background check? (Yes / No)

Are you willing to undergo a drug test if required? (Yes / No)

Have you ever been terminated from a childcare or doula-related role? (Yes / No)

Have you ever been investigated for misconduct involving children or families? (Yes / No)

Do you have any pending legal matters? (Yes / No)

References (Please provide 2–3 professional references)

Name: _____ Relationship: _____

Email: _____

Phone: _____

Name: _____ Relationship: _____

Email: _____

Phone: _____

Additional questions

Why do you want to work with Lavender Grace?

_____

_____

Do you have any physical limitations, allergies, or environmental sensitivities that may affect your ability to safely perform doula work (e.g., lifting, long periods on your feet, pet allergies, fragrance sensitivities)?

_____

_____

Is there anything else you'd like us to know?

_____

_____

Attachments (Please attach the following documents)

Resume

Certifications