

What personal qualities or attributes do you have that you feel would add value in the role of Birth Companion?

Further comments or information you wish to offer:

Please list three character references that we will contact:

1

Name	Home Phone	Cell Phone
Mailing Address (Street or R.R., Town, Postal Code)		
		Email address

2

Name	Home Phone	Cell Phone
Mailing Address (Street or R.R., Town, Postal Code)		
		Email address

3

Name	Home Phone	Cell Phone
Mailing Address (Street or R.R., Town, Postal Code)		
		Email address

Signature:

Date:

Thank you: Please mail or email to:

Connections Birth Companion Program

Attention: Maureen Hampton 613 257 2779 3104

30 Bennett St. Carleton Place, ON K7C 4J9

Email; mhampton@connectwell.com