

# Application for Accreditation as a La Leche League Leader

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I wish to apply for La Leche League leadership (your name):  
Date:

## Your Contact Information

Email Address:

Phone Number:

Postal Address:

## Group and Leader Information

I have been attending (LLL Group name) since  
Please list names and dates of any LLL Groups you have previously attended:

I (have) (have not) previously applied for leadership. If yes, when and where?

I did my pre-application dialogue with (Leader's name and email address):

I shall be working on my application with (Leader's name and email address):

## Membership and Resource Information

I have checked the following, which apply to me:

- I am a dues-paying member of LLL. Payment of membership date:
- I have read *The Womanly Art of Breastfeeding*: \*Date of edition:  
\*If not a US edition, what language?
- I understand that *The Womanly Art* is a primary source of breastfeeding information and philosophy for LLL Leaders.

I currently (do) (do not) volunteer for another breastfeeding organization.

If yes, provide: Position Name of organization

How would you like to correspond? Please indicate your preferred method(s):

- email  postal mail  other (please specify):

I can speak, read and understand the following languages:

**My children's names, birth dates, and length of time breastfed:**

## Mothering Experience Prerequisite Information

Please give some examples showing how you value nursing at your breast as the optimal way to nourish, nurture, and comfort your child:

Please provide some examples which show how you recognize, understand, and respond to your child's need for your presence as well as your milk.

**Additional Information**

Which published materials (if available in an accessible language) have you discussed with your Leader(s)?

- The Womanly Art of Breastfeeding*
- Thinking About LLL Leadership?*
- Appendices 17 & 18 to *LLL Policies and Standing Rules Notebook*
- Leader's Handbook*
- Leader publication (e.g. *Leader Today*)
- Area Leader publication
- Overview of Application Work for Leader Accreditation*
- Library books
- Other:

Have you participated in La Leche League activities other than Group Series Meetings?

- Evaluation Meetings
- Other Groups' meetings
- Interested Mothers Workshops
- Nursing Toddler Meetings
- Chapter Meetings
- Area Conferences
- Communication Skills Sessions
- LLLI or Direct Connect Entity Conferences
- Other:

Have you held any **Group jobs**? If yes, which?

You will be asked to sign the following statement at the completion of your application.

*I am personally committed to good mothering through breastfeeding as presented in The Womanly Art of Breastfeeding and other LLL publications. I agree to represent La Leche League as a Leader in accordance with the LLLI Bylaws and policies. I will resign from this position if, for any reason, I find that I can no longer represent La Leche League in accordance with this agreement.*

You or your supporting Leader should send the application fee of \$15, payable to LADW with your name on the check to the LAD representative for your Area

*Thank you!*

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