

Colorado End-of-Life Collaborative

Prospective Member Application Form

The Colorado End-of-Life Collaborative (CEOLC), a 501(c)6 non-profit corporation (applied for), is a business collaborative whose members are trained end-of-life (EOL) doulas serving as advocates and providing support for dying persons and their families in and around the Denver metro area. Our collaborative offers both quality care for the dying person and a space for EOL doulas to build a strong sense of doula community. Through ongoing professional development, regular meetings for members, and a commitment to giving back to the community, our collaborative strives to create a close-knit collective of EOL doulas offering Colorado families professional end-of-life services.

Our collective is now accepting applications from formally trained end-of-life doulas who have established their own doula business as a legal entity within the State of Colorado. If you meet these criteria, please review and sign the Membership Agreement Form and complete the application below so that we can add you to the pool of new applicants. Please note that we will receive far more applicants than we can meet with or invite for membership. The information you provide here will be our sole criteria for evaluating whether to invite you for an interview. Therefore, please be as thorough as you can.

PERSONAL INFORMATION

Name:		Phone:	
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Address:		Email:	
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Website/social media page(s):	
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Describe yourself (this is a chance for you to let us know who you are—your education, family, hobbies, work experience, anything else you want to say not included elsewhere):



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END-OF-LIFE DOULA TRAINING & CERTIFICATIONS	
With whom did you do your EOL doula training? When? (Please attach a copy of your training documentation.)	
Are you a certified EOL doula?	YES NO
With whom did you certify and when? (Please attach a copy of your certification, if applicable.)	
Have you achieved Proficiency Status with the National End-of-Life Doula Alliance (NEDA)? (Please attach a copy, if applicable.)	YES NO
Are you a member now, or have you ever been, of any other EOL doula collectives or collaboratives?	YES NO
If so, which ones and where?	



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INTEREST & EXPERIENCE	
What led to you becoming an EOL doula or attending a doula training?	
How many deaths have you attended in your <u>personal</u> life (family, friends)?	
Briefly describe your <u>personal</u> experience(s) with death, if any:	
Are you now, or have you been, a hospice volunteer?	YES NO
If so, where and when?	
1. Please provide the name of the hospice's Volunteer Coordinator and contact information as a reference:	
• Hospice:	
• Volunteer Coordinator:	
• Phone and/or email address:	



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2. Please provide the name of the hospice's Volunteer Coordinator and contact information as a reference:	
• Hospice:	
• Volunteer Coordinator:	
• Phone and/or email address:	
How many deaths have you attended in your <u>professional</u> work thus far as an EOL doula (include hospice if also doing volunteer doula work)?	
Briefly describe your <u>professional</u> experience(s) with death, if any, as it relates to EOL doula work:	
Have you attended any additional trainings related to death or end of life? Who? What? When?	



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Please list your membership(s) in any end-of-life organizations (NEDA, NHFA, INELDA, etc.):

Outside of the EOL doula work specifically, please list other services you are trained and/or certified or licensed to do and will be offering as a part of your membership in the Collaborative (e.g., home funeral guide, life-cycle celebrant, ordained minister, grief counselor, etc.):

ADDITIONAL SKILLS:

Please list any previous experience or additional skills you have that you think a dying person might find beneficial (e.g., massage, Reiki, etc.):

Please list any additional skills you have that you think the Collaborative could benefit from (e.g., marketing, community networking, public speaking, teaching and education, mentoring, leadership, website and/or social media experience, etc.):

List any languages other than English with which you are fluent:



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AVAILABILITY TO THE COLLABORATIVE:	
As a Collaborative, one of the benefits is having other known and trusted EOL doulas available to provide coverage for our clients when we cannot be available. This may require that we provide team coverage for one another with our individual clients when a lead EOL doula is unavailable for any reason. As such, you may be called to be away from home for hours at a time. You may need to leave home in the middle of the night to sit vigil with another EOL doula's client. You may need to leave quickly during the middle of the day to sit vigil with another EOL doula's client.	
If you have children, do you have a childcare plan that will account for this?	YES NO
If you have another job, is it a job that will accommodate this?	YES NO
Please share the details of your availability to the team.	
Are there any reasons why you cannot, or would not, provide vigil coverage for other team members currently or in the near future (e.g., vacations coming up, childcare, work, etc.)?	
Geographic range in which you are willing to work (e.g., within the city of Denver only, or within 10 miles of your home address, etc.):	



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WORKING COOPERATIVELY:

Please list any prior experience you've had with a collaborative or teamwork of any sort:

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Please list any prior or current experience with EOL doula organizations and/or doula groups locally or elsewhere:

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Why are you interested in joining our Collaborative?

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Do you know any of the current or previous members of our Collaborative? If so, who and how?

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What is your long-term vision of where you expect to be, or would like to be, with your EOL doula work in the next 5 years?

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REFERENCES:			
We are a professional Collaborative and as such, all of our members will be properly vetted.			
Please list <u>two professional references</u> , preferably who know your work in end-of-life care. Please note how you know these people and what aspects of your professional life they can speak to us about.			
Name:		Phone:	
Address:		Email:	
How do you know this person?			
What aspect of your professional life can they speak about to us?			
Name:		Phone:	
Address:		Email:	
How do you know this person?			
What aspect of your professional life can they speak about to us?			



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All membership applications are reviewed and approved by majority vote of the CEOLC Board of Directors. Memberships are for 12 months, from the fiscal year July 1–June 30, and are renewable annually upon request and with the approval of the CEOLC Board of Directors. For any member joining outside the fiscal year, Membership Dues will be prorated for the remainder of the term.

By signing below, you agree that all the information you have provided in this application is true and accurate to the best of your knowledge, and affirm that you have read, understand, signed, and agree to abide by the Collaborative’s Membership Agreement.

Signed:		Date:	
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We thank you for your interest in our Collaborative! Please be patient as we are a volunteer-based organization with businesses of our own. You will hear back from someone on the Leadership Team soon regarding the status of your application.

We prefer submission by email, but if you choose to submit your application by mail, please include this completed application, along with your signed Membership Agreement and the attachments listed below to:

Colorado End-of-Life Collaborative
PO Box 16265
Golden, CO 80402

INCLUDE ATTACHMENTS:

- Documentation of **training as an EOL doula** and/or certification (if applicable)
- Documentation of **Proficiency Status** with NEDA (if applicable)
- Certificate of Good Standing** for your business from the Colorado Secretary of State
- Proof of Liability Insurance** for work as an end-of-life doula
- Membership Application**
- Check or PayPal **payment of \$10** for the application fee.

Please save your completed application to your computer, then either print or attach it to an email message and send it to: info@coeolcollaborative.org

Please attach all other required documents (i.e., Certificates, Membership Agreement, Proof of Insurance, etc.) to this email **before you send it.**

Call (720) 989-1929 if you have questions or concerns.

FOR USE BY CEOLC	RCVD BY:		DATE REVIEWED BY BOD:	
DATE APPLICATION RCVD:		REFERENCES CHECKED:	YES NO	MEMBERSHIP DATE:

