



Leader Recommendation for a La Leche League Leader

I recommend _____ (candidate's name) for LLL leadership

Your name (Leader):

Date:

I understand that the information I share in all correspondence during the pre-application and application times may be shared within the Leader Accreditation Department (LAD) support team, which consists of the Coordinator of Leader Accreditation (CLA) for my Area, the Regional/Administrator of Leader Accreditation (R/ALA) for my entity, and the LLLI Director of Leader Accreditation Department (DLAD). This sharing is done, if needed, to help confirm that the potential Applicant or the Applicant meets the LLLI Prerequisites to Applying for Leadership and/or the LLLI Criteria for Leader Accreditation.

Please fill in your information (Leader):

Group:

Area/Entity:

Email address:

Telephone:

Postal address:

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Please answer the following questions about how the candidate's experience relates to each of the LLLI Prerequisites to Applying for Leadership. See Applying for Leadership, *LLLI Policies and Standing Rules*. Submit the form to your local Leader Accreditation Department (LAD). Providing complete and detailed information will aid the LAD representative in her role.

## Personal Experience

How long has the candidate continued the breastfeeding relationship for each child?

Was each child exclusively breastfed until there was a nutritional need for other foods (about the middle of the first year for a healthy, full-term baby)?

Yes  No

If no, please explain:

If any child weaned, describe how the transition from breastfeeding respected the child's needs.

Please give some examples showing how the candidate values breastfeeding as the optimal way to nourish, nurture, and comfort the baby  
What strategies has the candidate used to maintain the breastfeeding relationship for one year or beyond?

Were there any special circumstances, such as a physical limitation of the candidate and/or baby, that challenged the candidate's ability to breastfeed?

Yes  No

If yes, please explain:

## Organizational Experience

Is the candidate a dues-paying member of LLL?

Yes  No

Date of membership payment/renewal: \_\_\_\_\_

Does your Group have memberships?  Yes  No

If no, do you feel the candidate fulfills the membership requirement in another way?  Yes  No

Have you and/or your co-Leaders discussed each concept individually with the candidate?

Yes  No

Is there any concept which you hope that the candidate will understand in greater depth in the future?

Yes  No If yes, please explain:

What makes you confident that the candidate supports and demonstrates each concept in their actions and experiences?

Is the candidate willing to make time to fulfill the basic responsibilities of leadership?

Yes  No

If not, please explain the candidate's plans for fulfilling the LLL mission as a Leader:

The candidate

- is familiar with the contents of the most recent edition of *The Womanly Art of Breastfeeding*, if available in an accessible language.  
 Yes  No
- understands that *The Womanly Art* is a primary source of breastfeeding information and philosophy for LLL Leaders.  
 Yes  No
- has attended at least four meetings in person (where available) or via Internet.  
 Yes  No
- demonstrates a clear understanding the leadership is volunteer work.

Yes  No

- is willing to complete the application work.

Yes  No

- has demonstrated a commitment to LLL.

Yes  No

If yes, give examples, such as holding a Group job, participating in fundraising, etc.

- currently volunteers with another breastfeeding organization.

Yes  No

If yes, provide: Position

Name of organization

## Personal Skills

The candidate

- has communication skills in the candidate's preferred language necessary to begin the application and preparation for accreditation.

Yes  No

- demonstrates an accepting and respectful attitude toward others.

Yes  No

- provides information and support without judgment.

Yes  No

- is willing to develop further communication skills as needed to fulfill the responsibilities of leadership.

Yes  No

If the candidate needs to acquire further communication skills, what plans have you made to help the candidate acquire these skills?

Please give some examples of how the candidate has an accepting and respectful attitude and provides information and support without judgment, for example at LLL Series Meetings.

## Additional Information

Which published materials (if available in an accessible language) have you discussed?

\_\_\_\_\_ *The Womanly Art of Breastfeeding*

\_\_\_\_\_ *Thinking About LLL Leadership?*

\_\_\_\_\_ *Concept Explanations and Applying for Leadership, LLLI Policies and Standing Rules*

\_\_\_\_\_ *Leader's Handbook*

\_\_\_\_\_ *Leader publication (e.g. Leader Today)*

\_\_\_\_\_ *Area Leader publication*

\_\_\_\_\_ *Overview of Application Work for Leader Accreditation*

\_\_\_\_\_ *Library books*

\_\_\_\_\_ *Other:*

Has the candidate participated in LLL activities other than your Group Series Meetings?

\_\_\_\_\_ *Evaluation Meetings*

\_\_\_\_\_ *Other Groups' meetings*

- \_\_\_\_\_ Workshop for becoming an LLL Leader
- \_\_\_\_\_ Nursing Toddler Meetings
- \_\_\_\_\_ Chapter Meetings
- \_\_\_\_\_ Area Conferences
- \_\_\_\_\_ Communication Skills Sessions
- \_\_\_\_\_ LLLI or Direct Connect Entity Conferences
- \_\_\_\_\_ Other:

Do you have any reservations about the candidate representing LLL?

Yes  No

If yes, please explain:

Please feel free to share with us any other information about you, your Group and/or the candidate, which will help us work together:

The candidate can speak, read and understand the following language(s):

Did you use the *Pre-Application Guidelines for Leaders*?

Yes  No

Is this your first time to work with a Leader Applicant?

Yes  No

Your preferred method to correspond is:

email  postal mail  other (please specify):

Have you discussed this application with each of your co-Leader(s)?

Yes  No

Names and email addresses of co-Leaders who recommend the candidate for leadership:

Names and email addresses of co-Leaders who do not recommend the candidate. Please provide the reason(s) for not supporting the application for each Leader listed.

LAD contact information: CLA - *name, e-mail*  
*Mailing address*

***Thank You!***

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