



# Application for Accreditation as a La Leche League Leader

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Our mission is to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.

## I wish to apply for La Leche League leadership.

Your name:

Date:

I understand that the information I share in all correspondence during the application 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 I meet the LLLI Prerequisites to Applying for Leadership and/or the LLLI Criteria for Leader Accreditation.

## 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've fulfilled my Group's requirements to be considered a LLL Group member in the form of a paid membership or donation, Group job, or other contribution recognized by the Leader(s) supporting my application.

*The Womanly Art of Breastfeeding* is available in an accessible language.

I have read it. \*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

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

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

**Personal Experience Prerequisites Information**

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

What strategies have you used to maintain the breastfeeding relationship for one year or beyond?

**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?*
- Concept Explanations and Applying for Leadership, *LLL Policies and Standing Rules*
- Leader’s Handbook*
- Leader publications (e.g., *Leader Today*)
- Area Leader publications
- 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
- Workshop about becoming an LLL Leader
- Nursing Toddler Meetings
- Area Conferences/Chapter Meetings
- Communication Skills Sessions
- LLLI or Direct Connect Entity (DCE) Conferences
- Other:

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

At the completion of your application, you will be asked to sign the following statement:

*I am personally committed to furthering the mission of LLL and to supporting breastfeeding as presented in The Womanly Art of Breastfeeding and other LLLI publications. I understand and agree that in using the designation “La Leche League Leader,” and in representing La Leche League, I will comply with all La Leche League Policies and Standing Rules. 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, and I will discontinue use of the designation “La Leche League Leader.”*  
(Oct 09; Dec 19; Aug 20; April 21)

Some entities send Leader Applicant contact information to La Leche League International (LLLI). If your entity follows this procedure, please read and complete the information below.

### LLLI Leader Database Form

LLLI collects basic information about you for administrative purposes, insurance, and to confirm your status as a Leader or Applicant.

For these administrative purposes, the following information is required: your name, DCE/Area connections, email address. If you cannot supply an email address, your mailing address and phone number are required. It is optional to supply other information. LLLI will also retain your accreditation and retirement dates.

This information will be recorded with La Leche League International, located in North Carolina, USA. LLLI may employ third party companies and individuals to facilitate the services we provide, or to perform related services. Third parties have access to your personal information only to perform specific tasks on our behalf and are obligated not to disclose or use your information for any other purpose.

\*Required information if shared with La Leche League International

<b>First Name or Given Name*</b>	<b>Last Name, Surname, or Family Name*</b>
<b>Email: *</b>	<b>Phone:</b>
<b>Street Address:</b>	
<b>City, State/Province/Region:</b>	<b>Zip/Postal Code/Country</b>
<b>Primary** Connection &amp; Group: *</b>	<b>Secondary Connection(s):</b>

\*\*Please ask the Leader working with you what your Primary Connection is. For some it will be your Area; for others it will be your Direct Connect Entity (DCE).

We would also like to use your email address, along with your mailing address and phone number (if supplied), for the following purposes - check the boxes below if you agree:

- I agree to receiving newsletters from LLLI (e.g., LLLI News)
- I agree to receiving marketing information from LLLI (e.g., information about projects, events, and webinars)
- I agree to receiving requests for donations and fundraising information from LLLI.

**Please send this form to the LAD representative for your Area.**

***Thank you!***

LLL USA LAD application fee is \$15 – ask the CLA for PayPal information (checks made to LADW)  
CLA – *name, e-mail, mailing address*