

# Join!

## Breastfeeding Friendly Employer Project

Support your employees and get acknowledged! All employers who join will be recognized for their efforts and receive a certificate of achievement. Check our website for more information on how to support breastfeeding employees.

Name of Employer/Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Web address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Please let us know what your company is doing to be breastfeeding friendly. Use the checklist you received with this application to determine your level of award, Gold, Silver or Bronze. If you did not receive a checklist, you can find one on the Vermont Department of Health website: [http://healthvermont.gov/family/breastfeed/employer\\_project](http://healthvermont.gov/family/breastfeed/employer_project).

We have in place the following levels of accommodation:

	Bronze	Silver	Gold
Policy and Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Send me more information about Breastfeeding Friendly.

**Mail completed application and checklist to:**

Vermont Department of Health Breastfeeding Friendly Employer  
108 Cherry Street, PO Box 70 Burlington, Vermont 05402