Alaska WIC BFPC Policies

Sample WIC Breastfeeding Peer Counselor Contract

This agreement made between ____________________________________________

(name and address of sponsoring agency)

and ____________________________________________ witness that:

(name of WIC peer counselor)

Services
The contractor will serve as a breastfeeding peer counselor to clients of the
_________________________ WIC program for the period of _______________ to
_________________________ unless this contract is cancelled.

Compensation
The peer counselor agrees to perform services as stated in the job description. The peer
counselor will be paid at the rate of $_________ per hour, including travel time, for a maximum
of ________________ hours per month. In addition, reimbursements shall be made at the rate
of $_______________ per mile according to the guidelines for mileage reimbursement set forth
by the grant agreement or by State policy. Time sheets for payment will be turned in to the
WIC supervisor, and payment will be on a contractual basis.

The peer counselor agrees to identify and hold harmless ________________________________

(sponsoring agency name)

from and against any claim or liability arising from negligent act or omission of the peer
counselor. Should the peer counselor fail to perform satisfactorily, _______________________

(sponsoring agency name)

may terminate this agreement within __________ days notice to the peer counselor.

It is further agreed by both parties hereto that in performing under this agreement, the peer
counselor is an independent contractor and that nothing herein shall be construed as
establishing an employer/employee relationship. The peer counselor agrees to treat all
information acquired on the job as confidential in nature.

Approved by & Date

_________________________                             _________________________________

WIC Coordinator                                             Breastfeeding Peer Counselor