

How the Buddy Match Works for Buddies

For the Buddy

Thank you so much for your interest in volunteering to support other family members! We hope your experience with the Peer Support Buddy Program is a positive one. Please don't hesitate to give the Program Coordinator a call at _____ if you have any questions or concerns.

What to Expect

After you complete your orientation, your information will be kept on file awaiting a suitable match with a person looking for a Buddy. You may not be matched right away if there is no-one waiting who fits. (For example, some people will have requested a match with a buddy of a similar gender, or similar family members' illness). When a suitable Match is found, you will be called and asked if you are currently available to be a listening buddy. Please pay attention to your own needs and limits, and make sure you let the Program Coordinator know if it is not a good time for you to be a Buddy to someone. If you know you will be out of town, or otherwise unavailable to be a Buddy, just let the Coordinator know, and let her/him know when you become available again.

If you choose to accept a new match, you will need to call your Match within 48 hours of receiving their contact information. The Coordinator will be calling you after 48 hours to follow up with both you and your Match. After that we suggest that you and your Match set a regular time to speak on the telephone or meet in person for about an hour a week, or whatever you work out between the two of you (e.g.: a two hour walk every two weeks.) A regular appointment will make it easier for you and your Match to set aside time to speak privately without interruptions (important). If you need to change or cancel an appointment, please let your Match know as soon as possible.

If things aren't working out with your Match, just let the Coordinator know. The Program Coordinator can then assign you a different Match.

If you have any questions or concerns about resources or situations you run across with your Match, please call you're the Program Coordinator.

Remember that it is not part of your responsibilities to provide emergency or crisis help or anything more than just a listening ear.

Volunteer Job Description - Family Peer Support Buddy

Background and Purpose:

Family Peer Support Buddies provide non-professional emotional support and peer mentoring services to family members on a one-on-one basis, primarily by telephone or in person.

Qualifications:

- Successful completion of the volunteer screening process.
- Successful completion of the training session or self-study (approved by the Program Coordinator)
- Experience with mental illness in your family or as a 'family-like' supporter of a person with a mental illness.
- Be in a stable place of coping with their family member's illness.
- Good coping skills with their family member and effective strategies for dealing with stress.
- Acceptance of individual differences and willing to learn from the beliefs and values of others.
- Ability to speak and write in English (Additional languages are a definite asset).
- Reliable, friendly and a good listener.
- Ability to speak with family members on the phone or in person
- Ability to take direction from staff members.
- Awareness that you not are serving as a medical expert or professional counsellor.
- Ability to travel to the clients' homes or speak to them on the phone.
- Ability to know ones own limits and refer people to other resources if they require additional or professional help.

Responsibilities:

- Participate in training sessions.
- Work in cooperation with this organization to provide peer listening
- Refer family members to appropriate community resources or program staff when appropriate.
- Maintain confidentiality.

Peer Support Buddy Volunteer Application Form

Important: if there is any part of this form you feel uncomfortable filling out, please leave it blank.

Last Name:

First Name:

Male:

Female:

Address:

City:

BC

Postal Code:

Neighbourhood:

Preferred Phone:

E-Mail:

Employer:

Occupation:

Education Level:

Area of study:

Emergency Contact:

Name:

Relationship:

Home Phone:

Work Phone:

Additional Languages:

I'd prefer to be matched to someone with a similar:

- gender,
- family member's illness
- culture/orientation _____
- I will accept other matches as well.

Relationship to ill family

member*: (parent, sibling, spouse, friend etc...)

Illness of Family Member*:

*Please note: Use of the term 'family member' here includes other family-like supporters such as friends or other non-professional caregivers as well as family.

Previous Volunteer Experience:

Agency:

Activity:

When:

Agency:

Activity:

When:

Agency:

Activity:

When:

Agency:

Activity:

When:

Reason for Volunteering:

How did you hear about us?

Time Commitment:

3 Mo. _____ 6 Mo. _____ Indefinite _____

References:

1) **Name:**

Phone:

Relationship:

2) **Name::**

Phone"

Relationship

As a [Insert Sponsor Organization] volunteer I have agreed to treat all client information as confidential.

DATE: _____

SIGNATURE: _____

THIS SHADED AREA IS FOR OFFICE USE ONLY:

Interviewed by:

Interview date:

I have provided to this buddy:

- Toolkit for Families
- Buddy Resource Binder including local resource sheet
- How the Buddy Match Works for Buddies
- Volunteer Job Description for Peer Support Buddies
- Statement of Confidentiality
- Peer Support Buddy Volunteer Application Form
- Personal Commitment Form
- Program Coordinators' business card
- Brochure about our organization

I have completed with this buddy:

- Orientation/Training
- Interview
- Reference Checks
- Criminal Record Check

I have collected signed copy of:

- Statement of Confidentiality
- Peer Support Buddy Volunteer Application Form
- Personal Commitment Form

Along with this intake form...

Match History

(complete match info on match form)

Date & Person
Result

Date & Person:
Result:

Date & Person:
Result:

Date & Person;:
Result:

Date & Person:
Result:

Date & Person:
Result:

Date & Person:
Result:

Date & Person:
Result:

Date & Person:
Result:

Attach additional pages if necessary

Statement of Confidentiality for Family Peer Support Buddies

The question of confidentiality as it applies to all Family Peer Support Buddies is very important. When working within the Family Peer Support Buddy Program the privacy of the clients, volunteers, and staff must be respected.

- 1) A client's information and situation should never be shared informally with colleagues, friends or family. Client information should be considered private. Keeping this in mind, there is no such thing as "absolute confidentiality." Rather, "relative confidentiality" is more common. A Family Peer Support Buddy can only promise to be responsible about his or her own communication.
- 2) All conversations with your Match are confidential, except where required by law. Situations where the law requires you to report information include the following:
 - a. You learn that your Match is at imminent risk of harming yourself or other.
 - b. There is a reasonable suspicion of emotional and/or physical neglect of a minor or a reasonable suspicion of emotional, physical, or sexual abuse of a minor.
 - c. There is a court subpoena requiring it.
- 4) Another exception to regular confidentiality includes consultations with the Program Coordinator. Family Peer Support Buddy should do their best to ensure the client confidentiality, but cannot guarantee it. Please discuss any concerns you have with the Program Coordinator before acting upon any confidential information you receive from a client.

I have read, understand and will follow the above statement of confidentiality:

Signed: _____
(Volunteer) Date

I have explained the above statement and answered all questions:

Signed: _____
(Coordinator) Date

Personal Commitment Form

- ✓ I would like to be a volunteer in the Family Peer Support Buddy Program.
- ✓ I am aware of the rights and responsibilities of being a volunteer.
- ✓ I have read and understood the job description.
- ✓ I will make a minimum _____ month commitment to provide services as agreed with the staff at [Sponsoring Organization].
- ✓ I understand that I will do my best to review and understand the Buddy Binder and pertinent information provided by the program to the best of my ability.
- ✓ I understand that the Family Peer Support Buddy role is for non-professional peer listening only and in no way does it qualify me to act as a professional counsellor.
- ✓ I understand and agree that most people need a listening ear rather than advice to find the best solutions for themselves. I realize that what has worked for me and my family may not work for everyone.
- ✓ I agree to attend ongoing training sessions if available to the best of my ability.
- ✓ I agree to abide by the policies and procedure of the Family Peer Support Buddy Program and the [Sponsoring Organization].
- ✓ I agree to have my file and instatement vetted by the Executive Director.

Signature of Volunteer

Date

Signature of Family Peer Support Buddy Coordinator