

## **How the Buddy Match Works for Matches**

### **For the Matched Family Member**

We're so glad you've decided to be involved with the Peer Support Buddy Program. We hope your involvement with this program is helpful to you. If you have any questions, we hope you will give the Program Coordinator a call at \_\_\_\_\_

### **What to expect**

In order to ensure that we can find you a suitable buddy, we will ask you to fill out a form with some basic information. Although we will make every attempt to match you up with a Buddy as soon as we can, there may not be a suitable Buddy volunteer available at the time you apply. When there is a volunteer available, your contact info will be provided to that Buddy and you will be notified as well. The Buddy will call you within 48 hours of receiving your information. The Program Coordinator will also contact you after 48 hours to follow up with both you and your Buddy.

We recommend that you and your Buddy 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 you (e.g.: a two hour walk every two weeks.) A regular appointment will make it easier for you and your Buddy to set aside time for your buddy to listen to you without interruptions.

If you need to change or cancel an appointment, please let your Buddy know as soon as possible. If things aren't working out with your Buddy, just let the Program Coordinator know. The Coordinator can then assign you someone else if you like.

Remember that your Buddy cannot provide emergency or crisis help or anything more than just a listening ear. For referrals to resources, please call the Program Coordinator.

## **Buddy Program Match Intake**

***Important: Information will be used to find a suitable match only. If you are uncomfortable filling out any of the information please leave that part blank.***

Name:		Request Date:
Postal Address:		
Telephone:		Email:
City:		Neighbourhood:
Relationship to ill family member (child parent, sibling, spouse, cousin, friend etc...)		
Illness of family member (to assist with matching)		
Ok to tell Buddy illness information? Y/N		
How long have you known about your family members' illness?		
Is it a new diagnosis?		Does the ill family member live with you?
What are you looking for from a Peer Support Buddy?		
I would like to be matched (if possible) with someone with a similar:		
Gender (M/F)	Illness of family member Y/N	Culture/orientation:
Relationship to family member Y/N		I am willing to accept other volunteers Y/N
(Note: limits on matches may result in no matching volunteer being available)		

**Please see reverse for more...**

## Match Intake Form Continued...

- ❖ I understand and agree that this information will be used to match me to an appropriate peer support buddy and that when a suitable match is found, my telephone number will be provided to the buddy volunteer.
- ❖ I understand that either of us may cancel a particular match at any time by letting the program coordinator know. This information will also be used for follow up purposes by the coordinator.
- ❖ I understand that my buddy is not a professional counsellor, and that what I discuss with my buddy volunteer is confidential with the following limitations:
  1. My buddy may need to consult with the program coordinator.
  2. My buddy is required by law to disclose information in certain circumstances. By law this type of requirement would include (but may not be limited to):
    - a. If your buddy learns that you are at imminent risk of harming yourself or others.
    - 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

Date:

Signature:

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