

Buddy Program Request Form

The Buddy Program is a community-based support program developed to improve the quality of life for people with chronic fatigue syndrome, Fibromyalgia, and Multiple Chemical Sensitivity. This program aims to provide emotional as well as instrumental support (e.g. help you with errands, deskwork, etc); however, it is not a homemaker/maid service. If you wish to have a volunteer who can provide you with this kind of support for 1 to 2 hours per week, please fill in the information below and return form to the indicated address.

Contact Information

Name: _____

Address (street, city, zip code): _____

Phone Number: _____

E-mail: _____

Location (relative to public transportation and major streets)

What is the best way and time to contact you?

Buddy Matching Information

Please state your needs as specific as possible

Talking ___ Computer work___ Desk work___ Monitoring Activity___

Managing energy levels___ Information collection___ filling forms___

Others: _____

Please indicate your preference regarding the volunteer

Male___ Female___ No preference___

Would you like the volunteer to

Visit you___ Phone conversations___ Both___

What days and times would you be available to spend time with the volunteer?

Is there anything the volunteer should be aware of?

Allergies __ (if so, please specify) _____

Chemical sensitivities __ (if so please specify) _____

Please indicate other requests/concerns, limitations, preferences, personal requirements:

In order to assure that The Buddy Program remains successful for both PWC/FM/CS partners and their volunteers buddies, guidelines have been established. This set of guidelines must be read and signed to indicate agreement. If you have any objections to the guidelines presented below, please contact your Buddy Coordinator, Lindsay Till At 773-325-1897.

- Complete and send **Buddy Request Form** (completed by PWC/FM/CS)
- Meet or contact your buddy 1-2 hours peer week
- Learn the Envelop Theory (energy management method)
- Time spent with your buddy should be dedicated to activities that are important and helpful for you, no real cleaning duties.
- Know your personal preferences; set limits, prioritize

I _____, have read the Buddy Program Guidelines and agree to the guidelines listed. Furthermore, I assure I will contact my Buddy Coordinator if any difficulty arise.

Signature _____ Date _____

Please complete this form and return to your buddy Coordinator. A copy of this form will be send to you upon your first visit with your buddy.

Lindsay Till, buddy Coordinator
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