



Compeer Participants Rights and Responsibilities

- I have the right to have my privacy and confidentiality protected and respected and be treated with dignity by everyone in the Compeer Program.
- I have the responsibility to treat my Compeer friend courteously and with respect.
- I understand that the Compeer volunteer is a friend, role model and, if needed, an advocate—not a mental health professional.
- I understand that a friendship takes time to develop and sometimes people are not compatible. Therefore, I will give the friendship time to develop and discuss the friendship with the Compeer Director and/or the referring mental health professional if things are not going as I would like. I will talk with the Compeer Director before making a decision to terminate the relationship.
- I understand that activities I do with my friend should be affordable and mutually agreed upon by both participants in the friendship.
- My Compeer friend and I will not participate in any activities that include drugs, alcohol, or dangerous activities or situations.
- I understand that activities should take place in public places until both participants in the match feel comfortable.
- I understand that we have both made a commitment to spend time together for a minimum of four hours a month for at least one year. This does not mean the friendship will end after twelve months, but it may.
- I understand that the Compeer Friendship involves a commitment on the parts of both of us and it is important to the health of the friendship that I show up as expected, give at least 24 hours notice if I will not be able to make it, and help choose activities that we both enjoy and can afford.
- I understand that the volunteer is required to submit a monthly report to Compeer, which may be shared with my referring mental health professional. This report will describe the amount and type of contact we have had. If preferred, the two friends in the match may complete this report form together.
- I understand that if I make any threats to harm myself or somebody else that my volunteer friend has ***a duty of care to contact the mental health professional, Compeer staff or other appropriate person to ensure my safety.***
- I will not attend any overnight or out-of-town trips with my Compeer match (unless and until it has been cleared with the referring mental health professional and the Compeer coordinator).
- **I will inform Compeer if my address, phone number or mental health professional changes.**
- I understand that the Compeer friendship includes the volunteer, the participant, Compeer staff and the referring mental health professional to help support the Compeer match.
- I have the responsibility to complete a Compeer Annual Survey.