



## CCF Heart Buddy Program

We are glad that you are interested in participating in CCF's Heart Buddy Program! In order to make the program as successful as possible, we ask that all participants follow these guidelines and take into consideration the tips below when communicating with their buddy. We hope that you will find the support that you are looking for, and that you will develop a life-long friendship.

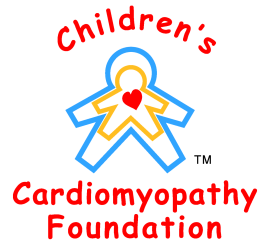
### Guidelines

1. Being a buddy is about being a good friend. Please treat everyone with the same courtesy and respect you would want to be treated with.
2. Avoid using obscene or abusive language in conversations and written communication with your buddy.
3. Avoid controversial topics (religion, politics) that your buddy may find upsetting.
4. Respect each other's privacy, especially when someone shares personal or confidential information.
5. Understand that buddies may be of different ages, come from different types of families with varying economic, cultural, and/or educational backgrounds. Some may have customs and beliefs that are different than your own. Please be open-minded and tolerant.
6. Offer support and encouragement to your buddy. Try to keep a positive tone, and express interest and concern for what your buddy shares with you. For some, it can be difficult to open up, so it is important for buddies to feel that they are in a safe space.

### Tips for Communicating With Your Buddy

1. Matched buddies should decide how they want to communicate and how frequently given their school and activity schedules. Buddies can communicate by phone, email, letters, Skype, FaceTime, texting or Facebook.
2. Keep the relationship and communication ongoing by responding to the news, information, and questions that your buddy shared in their last communication. Also, share what is going on in your life.
3. Pace the revelation of personal information. Telling too much about your life or feelings too soon could scare away a new friend.
4. Be yourself! Your buddy wants to get to know you, so be honest in what you communicate.
5. End each conversation or letter on a positive note and an encouragement for your buddy to reply (for example, "I hope to hear from you soon," or "Can we Skype again next week?").
6. Try to schedule the next conversation or have a general idea of when you will communicate again (next week, next month, etc.) Try not to let too much time go by before you talk to your buddy again, especially in the beginning when the friendship is developing and there is a lot to learn about each other.

If at any point you are no longer able or interested in participating in the program, please let us know. Please direct any questions or concerns to Gina Peattie, Patient Outreach and Support Manager, at [gpeattie@childrenscardiomyopathy.org](mailto:gpeattie@childrenscardiomyopathy.org).



## Heart Buddy Program Matching Form & Participant Release

Please complete the form to assist us in finding a heart buddy that best suits your situation and preferences. The completed form can be submitted to Gina Peattie, Patient Outreach & Support Manager by email ([gpeattie@childrenscardiomyopathy.org](mailto:gpeattie@childrenscardiomyopathy.org)) or fax (201-227-7016).

**Name of parent/guardian:**

**Name of child:**

**Child's date of birth:**

**Child's gender:**  Male  Female

**Child's form of cardiomyopathy:**

- Dilated cardiomyopathy
- Hypertrophic cardiomyopathy
- Restrictive cardiomyopathy
- Arrhythmogenic right ventricular cardiomyopathy
- Left ventricular non-compaction cardiomyopathy

**Child's address:**

**Child's email address:**

**Child's phone number** (indicate home or cell):

**Child's current situation:**

- Diagnosed with cardiomyopathy
- Diagnosed in the past but now resolved
- Diagnosed but received a heart transplant
- Gene carrier but not yet diagnosed
- Received implantable pacemaker/defibrillator

**What is important to you in a match** (check all that apply)?

- Within 1-2 hour driving distance
- Same gender
- Same form of cardiomyopathy
- Similar age range
- Received a pacemaker/defibrillator
- Received a heart transplant

**Please indicate any additional preferences:**

**Preferred communication methods** (check all that apply):

Phone

Skype

FaceTime

Email

Letter

Facebook

**Please provide a brief profile including interests and hobbies, which can be provided to your buddy.**

**What do you hope to get out of CCF's Heart Buddy Program?**

### **Participant Release**

I, \_\_\_\_\_ (parent/guardian name) give my permission for  
\_\_\_\_\_ (child's name) to participate in CCF's Heart Buddy Program.

I hereby give the Children's Cardiomyopathy Foundation (CCF) the absolute right and permission to release my contact information to others participating in the Heart Buddy Program.

I understand that it is my parent/guardian responsibility to supervise my child's contact and interaction with another buddy and not the responsibility of the Children's Cardiomyopathy Foundation. I will ensure to the best of my ability that my child abides by CCF's Heart Buddy Program Guidelines.

Our contact information (address, phone number(s), email address) and personal details are included in the Heart Buddy Request form, and I understand that this information may be provided to the buddy matched with my child. I understand the contact information that I provide will not be used by CCF for any other purposes or released without my consent. I also understand that my child or I may not use a buddy's information for any other purposes, or release it without their consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_