

## Peer Contact Application

The **Angel Eyes Peer Contact Program** is designed to offer grief support to individuals that are coping with the sudden, unexpected death of an infant or toddler. As you may know, child loss is devastating and many people report feeling alone and isolated in their grief. By choosing to become a Peer Contact for others you are offering an entirely new element of support for those who may feel a lack of understanding and acceptance elsewhere in life. Peer Contacts are an invaluable part of the services that Angel Eyes provides. We appreciate you and your willingness to walk alongside newly bereaved parents and families!

### EXPECTATIONS

While the details of contact will be determined by the needs and availability of Peer Contacts and those requesting support, the following are expectations set for all Angel Eyes Peer Contacts:

- Peer Contacts will be matched to individuals and families requesting this service.
- Peer Contacts will be given contact information for the individual/family and will be responsible for initial contact according to the desires of the party being helped. This contact must take place within three days.
- Peer Contacts will be mindful and respectful of any cultural/spiritual/political/etc. differences between themselves and the client served.
- Peer Contacts will be in contact with Bereavement Counselor to discuss progress, updates, questions, and concerns regarding the peer partnership.
- Peer Contacts will be provided with a list of crisis and emergency resources to provide the peer if a dangerous/unsafe situation or suicidality is disclosed within the peer partnership. Peer contact needs to communicate the concern to Angel Eyes staff at first opportunity during normal business hours.
- Peer Contacts will notify the Bereavement Counselor if the peer partnership comes to a close or does not seem to be a good fit, therefore, other arrangements can be made.
- Peer Contacts will notify Bereavement Counselor if he or she decides to no longer participate with Angel Eyes in this role.
- Peer Contacts agree to meet these expectations and understand that this is a volunteer, non-paid position.

### CONFIDENTIALITY AGREEMENT

I \_\_\_\_\_ agree to these expectations and will keep confidential any personal information about the individuals I am in contact with. I will not discuss with anyone, beyond the bounds of Angel Eyes staff, anything disclosed to me during my time as a Peer Contact.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

# Peer Contact Application

Please complete this form and return to Angel Eyes by mail, email, or fax. Once you are matched with an individual, you will be given contact information and can work with that person to establish a vision for your partnership.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email \_\_\_\_\_

**Background Information:** This is used to determine the best possible match for parents and individuals requesting a peer contact.

1. Have you ever experienced the sudden, unexpected death of an infant or toddler? If so, what was the date and nature of the death?
  
  
  
  
  
  
  
  
  
  
2. Is there a specific population that you would prefer to work with (i.e. women only, grandparents, individuals who have experienced a certain kind of child loss, etc.)?
  
  
  
  
  
  
  
  
  
  
3. Is there any group that you would prefer NOT to work with? (We welcome honesty in order to respect the needs of all involved and ensure best quality support)
  
  
  
  
  
  
  
  
  
  
4. What forms of contact are you willing to offer? Circle all that apply:
  - Phone Contact
  - Email
  - Face-to-face
  
  
  
  
  
  
  
  
  
  
5. Please describe your availability for correspondence (i.e. weekdays, weekends, evenings, etc.):

6. What is the maximum number of individuals you are willing to be a Peer Contact for at any given time?
  
  
  
  
  
  
  
  
  
  
7. What motivates you to become a Peer Contact?
  
  
  
  
  
  
  
  
  
  
8. Do you have any concerns about this position?
  
  
  
  
  
  
  
  
  
  
9. Use the space below to provide any other information you think might be helpful in pairing individuals with you as a contact.

**Thank you for your time and service to Angel Eyes' families!**

*If you have any questions throughout this process, please contact grief support coordinator, Rebecca, by phone or email.*

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