



## Peer-to-Peer Companionship Program

### **ABOH Program Participant Agreement: PART 1, Application** *(signature required on page 3 – please return entire three-page agreement)*

*COVID-19 Safety Protocol: Until further notice, patients and volunteer drivers are required to wear a mask when in a volunteer's car and follow social distancing guidelines when meeting.*

Welcome to A Breath of Hope Lung Foundation's P2P Companionship Program. A Breath of Hope Lung Foundation (ABOH) uses trained volunteers to meet with those patients or caregivers who need a friendly ear and extra emotional support during their lung cancer journey.

Lung cancer places a great burden on families, and it carries an unkind stigma that often leaves patients feeling overwhelmed, shamed or blamed. A Breath of Hope (ABOH) works to reduce the burden of lung cancer by offering services to fill in the care gaps. Hope and positive energy are known to bring healing. Every time we support lung cancer patients and their families, we have made a step forward in our battle to save lives and improve quality of life during the journey.

ABOH companions have experienced the pain and fear evoked by a cancer diagnosis and bring a friendly, compassionate, and unbiased ear to those who request support. Some volunteers are survivors; some have lost loved ones. ABOH companions may sit at the bedside of someone who is receiving chemotherapy without the support of a family member or friend at their side, or they may simply offer their time to listen through texts, phone calls, or virtual or in-person meetings. Their role is to listen and offer hope and companionship during the emotional roller coaster of a cancer diagnosis. ABOH conducts a background check and provides training for all volunteer drivers and companions.

The information requested on the following pages will help us understand what kind of volunteer companion might make a good match for you.

Please provide the following information for ABOH staff:

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Best time to contact me: \_\_\_\_\_

Select each of the following options that apply to your case:

- I was recently diagnosed with lung cancer
- I was diagnosed with lung cancer one to five years ago
- I was diagnosed more than five years ago
- I am a caregiver for a lung cancer patient
- I was a caregiver and have lost a loved one to lung cancer
- Other: \_\_\_\_\_

How would you like to interact with a companion volunteer? Check all that apply.

- Phone call
- Zoom or Facetime (video meeting on my phone or computer)
- In-person

What kind of experience would you prefer your companion has? Check all that apply.

- Cancer patient/survivor experience
- Caregiver/care-partner experience
- I am comfortable with a caring individual that doesn't have direct experience with cancer

Other - tell us about yourself:

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How did you hear about the ABOH companion program? \_\_\_\_\_

I would like to receive newsletters and lung cancer updates from A Breath of Hope      Yes/No

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## **ABOH Program Participant Agreement: PART 2, Accident Waiver/Release of Liability** *(signature required at bottom)*

**COVID-19 Safety Information:** While participating in programs sponsored by A Breath of Hope Lung Foundation, (“ABOH”) “social distancing” must be practiced and face coverings worn if requested by patient to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to- person contact, ABOH has put in place preventative measures to reduce the spread of COVID-19. However, ABOH cannot guarantee that its program participants or volunteers will not become infected with COVID-19.

Individuals who fall within any of the categories below should not engage in ABOH in-person programs, events and/or other face to face activities. By participating in an ABOH program, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath, among others.
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that is experiencing sustained community spread of COVID- 19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or their health care team.

**Duty to Self-Monitor:** Program participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and contact staff if experiencing symptoms of COVID-19 within 14 days after participating in this program.

**Liability Waiver and Release of Claims:** I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation with ABOH, and I willingly engage in ABOH programming and/or events (the “Activity”).

**Assumption of the Risk:** I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

**A.** I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The A Breath of Hope Lung Foundation, (ABOH) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, volunteers and any health care facility from which I am traveling to and from, including said facility's directors, officers, employees, volunteers, representatives, and agents;

**B.** INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

**C.** I acknowledge that ABOH and their directors, officers, volunteers, representatives, and agents are offering this program for my benefit and are using volunteers, therefore are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

**D.** I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Caregiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*To request a companion in Minnesota, call 952-456-2845 or email ABOH at SupportMN@abreathofhope.org (virtual companions available nationwide)**

**\*To request a companion in the Fort Myers area of Florida, call 239-986-2812 or email ABOH at SupportFL@abreathofhope.org**