



Camp Courage 2017 Junior Counselor Application
 (Complete and Print Application - Completed applications due by May 31, 2017)

Today's Date _____

Name _____ Date of birth _____ Age _____ Sex _____

School _____ Grade (going into) _____

Parent / Guardian Name _____

Mailing Address _____ Lot or Apt. # _____

City _____ State _____ Zip _____

Phone (____) _____

How did you hear about Camp Courage? _____

May we talk with your school counselor? Yes ___ No ___ NA ___
 (If yes please list the name, school and phone number of the counselor)

Name _____	School _____	Phone Number _____
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Circumstances of Loved One's Death

1. Type of loss/relationship _____ Date of death _____

2. How did the loss occur? Illness Sudden Death Violent Death

Explain: _____

3. What were you told about the death? _____

4. Were you present at the time of death? Yes ___ No ___

5. Describe the nature of the relationship with your deceased loved one.

Additional Information About You

1. Why do you want to participate in camp as a junior counselor?

2. Are you used to being away from home? Yes ___ No ___

3. If disturbed by being away from home, what usually helps?

4. Do you have special eating habits or problems we should know about? If yes, what?

5. Are you taking medication? If so:

Which kind _____

For what _____

What size **T-shirt** do you wear? (Please indicate children or adult size)

Small ___ Medium ___ Large ___ X-large ___ XX-Large ___

___(Children 6-8) ___(Children 10-12) ___(Children 14-16) ___(Adult 46-48) ___(Adult 50-52)

___(Adult 34-36) ___(Adult 38-40) ___(Adult 42-44)

*****Please note:** As much as we want every child who would benefit by Camp Courage to be able to attend, this is not always possible. Those with the most needs, as determined by a clinical review process, will be given first priority and the others will be placed on a waiting list. Thank you for your understanding in this matter. Every child can receive individual counseling regardless of camp attendance by calling Harbor Hospice Grief Support Services.

Please have your parent or guardian sign below

I, _____ (Parent/Guardian name) have reviewed this application and give permission for my child, _____ to attend Camp Courage.

Parent/Guardian Signature/Date

***If applicable please include legal documents stating who the legal guardian is for this child.**