



Dear Parent/Guardian:

Camp Courage is a weekend overnight camp for children ages 6 – 12 who have experienced the death of a loved one. Each summer children gather to have all the typical fun of camp, combined with the guidance of professional counselors and trained volunteers to address their losses. A Junior Counselor program for ages 15 – 19 is also offered. Junior Counselors participate in all the same activities, with an emphasis on leadership in their role as mentors to the younger campers. They have additional support with a professional counselor leading their group and activities designed to help them process their own losses.

Camp Courage 2018 will be held June 22 – 24 at Pioneer Trails Campground on Big Blue Lake. To have your child/teen considered for camp, please complete the enclosed application and return it to the Harbor Hospice office by May 31. Because of generous support from Harbor Hospice and our community, the only cost to attend camp is a \$10 registration fee per camper (this does not have to be paid until after your child has been accepted to camp). This fee can be waived in cases of financial hardship; please contact a camp director for more information.

Campers are grouped by gender and age; however, exceptions may be made in certain circumstances for same-sex siblings who wish to stay together (these are reviewed and approved on a case-by-case basis). Please note that submitting an application does not guarantee acceptance to camp, as enrollment is limited and priority is given to children who are in the most need as determined by a clinical review process.

The Harbor Hospice Board and management team have supported the life-changing experience of Camp Courage for 24 years. We believe that providing grief support in the early stages of development can have positive lifetime effects. If you have any questions about camp or the enclosed application, please do not hesitate to contact us at 231-728-3442 or 800-497-9559.

Sincerely,

Melanie Dekkers, LLMSW  
Camp Courage Director

Laura Ecker, LPC  
Camp Courage Director



## Camp Courage 2018 Junior Counselor Application

Return to Harbor Hospice by May 31, 2018

Your Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different from yours) \_\_\_\_\_

School Name \_\_\_\_\_ Grade (entering) \_\_\_\_\_

How did you hear about Camp Courage? \_\_\_\_\_

May we talk with your school counselor? \_\_\_\_\_\*Yes \_\_\_\_\_No

\*If yes, please provide counselor's name and phone number:

Counselor Name \_\_\_\_\_ Phone \_\_\_\_\_

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### Circumstances of Loved One's Death

Name of deceased \_\_\_\_\_ Relationship to you \_\_\_\_\_

Date of death \_\_\_\_\_ How did death occur? \_\_\_illness \_\_\_sudden death \_\_\_violent death

Explain: \_\_\_\_\_

What were you told about the death? \_\_\_\_\_

Were you present at the death? \_\_\_\_\_Yes \_\_\_\_\_No

Describe the relationship between you and your loved one. \_\_\_\_\_



Indicate how often you are currently experiencing the following:

	Rarely or Never	Sometimes or Occasionally	Frequently or Always
Trouble sleeping or bad dreams			
Eating problems			
Withdrawal from friends or family			
Fighting with family members			
Fighting or getting into trouble at school			
Difficulties with school work			
Stomach aches or nausea			
Headaches			
Other physical complaints (describe on back)			
Anxiety			
Depression			
Talk or thoughts about hurting self			
Talk or thoughts about hurting others			
Attempts to hurt self			
Attempts to hurt others			
Anger about loved one's death			
Lack of enjoyment of favorite activities			
Inability to concentrate			

### Additional Information

Are you used to being away from home?    \_\_\_ Yes    \_\_\_ No

Any special fears of:    \_\_\_ the dark    \_\_\_ water    \_\_\_ animals    \_\_\_ storms

\_\_\_ being alone    \_\_\_ other (describe): \_\_\_\_\_

Describe any special likes or dislikes: \_\_\_\_\_

\_\_\_\_\_

Describe any special eating habits/issues we should know about: \_\_\_\_\_

\_\_\_\_\_

Describe any physical restrictions you have: \_\_\_\_\_

\_\_\_\_\_

Describe any medical conditions we should know about: \_\_\_\_\_

\_\_\_\_\_

List any medications you are taking and the purpose of each: \_\_\_\_\_

\_\_\_\_\_

