



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 _____

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: _____



Why do you want to participate in camp as a Junior Counselor? _____

T-shirt size:

Child small
 Child medium
 Child large
 Child x-large
 Adult small
 Adult medium
 Adult large
 Adult x-large
 Adult xx-large

Please note: As much as we want everyone who would benefit from Camp Courage to be able to participate, this is not always possible. Those with the most need, as determined by a clinical review process, will be given first priority. Individual grief counseling is available, regardless of camp participation, by calling Harbor Hospice Grief Support Services.

 Your Signature Date

If you are a minor, please have your parent or legal guardian complete this section:

I have reviewed this application and give permission for my child to attend Camp Courage and to participate as a Junior Counselor.

Parent/Legal Guardian Signature Date

If applicable, please attach documents showing legal guardianship.