



## Camp Courage 2019 Junior Counselor Application

Application deadline is May 10, 2019

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

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

May we talk with your school counselor?  Yes\*  No

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

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

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

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

### Circumstances of Loved One's Death

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

Was the deceased a patient of Harbor Hospice?  Yes  No

Date of death \_\_\_\_\_ Death was:  illness-related  sudden  violent

How did the death occur? \_\_\_\_\_

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

Were you present at the death?  Yes  No

Describe the relationship between yourself and the deceased: \_\_\_\_\_

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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

Any special fear of:  the dark     water     animals     storms     being alone

other fear (describe): \_\_\_\_\_

Any eating habits/issues we should know about: \_\_\_\_\_

\_\_\_\_\_

Any physical restrictions you have: \_\_\_\_\_

\_\_\_\_\_

Any medical conditions we should know about: \_\_\_\_\_

\_\_\_\_\_

Medications you are taking and the purpose of each: \_\_\_\_\_

\_\_\_\_\_

