



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: _____



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: _____
