



Camp Courage 2020

Junior Counselor Application (ages 15 – 19)

****Application deadline is May 8, 2020****

Name _____ Birthdate _____ Sex _____

Parent/Guardian Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____ County _____

School Name _____ Grade (entering) _____

How did you hear about Camp Courage? _____

Has camper previously attended Camp Courage? Yes (year: _____) No

Information About Deceased Loved One

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: _____

Any additional losses: _____

Indicate how often you are currently experiencing the following:

Please select from drop menu

	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			
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			
A longing to be with the deceased			
Lack of enjoyment of favorite activities			
Inability to concentrate			

Additional Information

Do you have fear of: the dark water animals storms being alone

other fear (describe): _____

Eating habits/issues we should know about: _____

Physical restrictions: _____

Allergies: _____

Medications (name and purpose): _____

Are you receiving any professional mental health services?

Yes No

If yes, name of counselor _____

Phone _____

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

Any other information we should know about: _____

T-shirt size (adult sizes):

____ small ____ medium ____ large ____ x-large ____ xx-large ____ xxx-large

I attest that the information on this application is complete and accurate to the best of my knowledge. I grant permission for Camp Courage directors to communicate with my mental health provider and/or school staff for the purpose of verifying information and assessing my appropriateness for participation with Camp Courage.

Junior Counselor Applicant – Signature

Date

Parent/Legal Guardian – Signature (if applicant is a minor)

Date

*If legal guardian, please attach documentation.

Applications can be submitted via mail, email or fax:

[Print Form](#)

Harbor Hospice
Attn: Camp Courage Director
1050 W. Western Ave., Suite 400
Muskegon, MI 49441

[Submit Form](#)

Email: info@HarborHospiceMI.org • Fax: (231) 722-0708