



# Hospice Care

A NON-PROFIT CORPORATION

## Camp Nabe Camper Application

### Camper Information

Name of Applicant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work/Cell Phone: (    ) \_\_\_\_\_

Age (at time of application): \_\_\_\_\_ Sex (please circle one):    Male    Female

School: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

Shirt Size (please circle one): Small Medium Large X-Large XX-Large  
(Please note that these are adult sizes)

### Parent/Guardian Information

Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

(If different from child)

City/State/Zip Code: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work/Cell Phone: (    ) \_\_\_\_\_

- **CAMP NABE IS FREE OF CHARGE**
- **THERE IS A LIMITED NUMBER OF CAMPER'S THAT CAN ATTEND THIS CAMP**
- **COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE THE CHILD CAN ATTEND CAMP NABE.**

I \_\_\_\_\_, give permission to Hospice Care Corporation to share the information in this packet with the Camp Nabe Staff.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For more information or questions, please call 1-800-350-1161. Please mail completed application and information sheet to:***

Camp Nabe Director  
PO BOX 760  
Arthurdale, WV 26520



CAMP NABE  
INFORMATION SHEET

Please complete the following questionnaire regarding the child's loved one.

1. Name of Person Child Is Grieving: \_\_\_\_\_
2. Relationship to Child: \_\_\_\_\_
3. Date of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_
4. Age at Time of Death: \_\_\_\_\_ Age of child at the time of the death: \_\_\_\_\_
5. What was the relationship like between the child and their loved before they died?  
\_\_\_\_\_  
\_\_\_\_\_
6. Where did this person die? Home \_\_\_\_\_ Hospital \_\_\_\_\_ Other \_\_\_\_\_
7. Was the child present at the time of death? If so, please explain.  
Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_
8. Did the child attend the funeral/memorial service? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Has this child received any professional support? (i.e. psychologist, psychiatrist, pastoral counselor, school counselor) If yes, how long was professional support provided.  
Yes \_\_\_\_\_ If so, How Long? \_\_\_\_\_ No \_\_\_\_\_
10. Have there been multiple deaths of loved ones experienced by this child?  
If "yes", please explain nature of death and relationship of person who died to the child:  
\_\_\_\_\_  
\_\_\_\_\_
11. Any other changes/stress in this child's life? (i.e. divorce, illness, relocation)  
\_\_\_\_\_  
\_\_\_\_\_