



Hospice of the Central Peninsula

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Thank you for your interest in Camp Mend-A-Heart!

When a child loses a love one, who do they turn to? What feelings go through their young mind? What can we do to help them in their grieving process?

To help answer these questions, Hospice of the Central Peninsula is excited to announce that Camp Mend-A-Heart day camp dates are set for August 6-8th, 2024, at Solid Rock's Wagon Train.

The free bereavement day camp aims to give children – ages 6 through 13 – an enjoyable, accepting, and supportive environment in which they can freely express their feelings about the loss of a loved one.

Hospice of the Central Peninsula volunteers are friendly, compassionate, well-trained, and committed to helping grieving children. Campers will have the opportunity to meet with other children who have experienced similar losses and to engage in activities involving art, music, and recreation through which they can explore their grief. Support groups are also a part of the day camp, enabling them to share their experiences with others as they move through the healing process.

All our services are **free** of charge and are made possible through contributions from the community and fundraising efforts by the board of directors.

Sincerely,
Jared Askam
Bereavement Coordinator

Application for Camp Mend-A-Heart

Application due by July 17, 2024

Age range: 6-13

Day Camp Dates: August 6 – 8 2024

Solid Rock Bible Camp, Soldotna, AK

Time at camp: 9:00am-3:30 pm

Camper's full name: _____ Gender: _____

Camper's name they want to be used at camp: _____

Parent/Guardian: _____

Relationship to camper: _____

Phone number(s): _____

Email contact: _____

Mailing Address: _____

Age of camper: _____ Birthdate: _____

Grade in the Fall: _____ School: _____

Emergency Contact (other than parent/guardian): _____

Emergency Contact Phone number(s): _____

Please complete these questions to help staff learn about this camper's experience with loss:

Name of loved one who died: _____

How was your camper related to the deceased? _____

When did the death occur? _____

Have any details of the death, such as the cause of death, how did the child react to the death, what behaviors were observed after learning of the death, challenges/obstacles the child has endured after the death?

List any help the camper has received to cope with grief (grief camp, support group, counseling, church, etc.)

What other big changes recently occurred in your camper's life? (Moving, divorce, new school, other losses, etc.?)

Please provide additional information that could be helpful in providing a positive camp experience for your camper:

Feel free to write on the back of the application if you need to give extra information.

**No electronics are allowed at camp, including cell phones, pads,
or hand-held electronic devices.**

Your camper will receive a free Camp Mend-A-Heart T-shirt when arriving at camp.

Please circle the correct T-shirt size for them:

Youth Small Youth Med Adult Small Adult Med Adult Large Adult XL Other_____

CAMPER BEREAVEMENT HISTORY

Was your child present at the time of death? Yes No

Did your child attend the funeral/memorial service? Yes No

Do you and your child talk about the deceased? Yes No

Has your child received counseling? Yes No

Has the family received counseling? Yes No

Has the child and/or family attended a support/group program? Yes No

Was the school notified that your child experienced a loss? Yes No

Has your child experienced any other deaths? Yes No

If so, who _____ when _____

Has your child said or done anything that has concerned you recently? Yes No

If so, what gave you concern:

PLEASE CIRCLE THE NUMBER WHICH BEST REFLECTS YOUR CHILD'S EXPERIENCE:

(1) STRONGLY DISAGREE TO (5) STRONGLY AGREE

				Was this an issue before the death?
Decrease in communication with parent/caregiver:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stealing:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Destruction of property:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Run away from home:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shown signs of self-harm:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caused harm to others:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unusual/inappropriate sexual behavior:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special fears:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regression:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavior problems at home:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavior problems at school:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changes in family relationships at home:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changes in peer relationships at school:	1	3	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you talked with your child about coming to Camp Mend-A-Heart?				<input type="checkbox"/> Yes <input type="checkbox"/> No

What, if any, concerns do you have about your child coming to camp?

What, if any, concerns does your child express?

Other comments you wish to make:

Parent/Guardian signature: _____ Date: _____

CAMPER MEDICAL INFORMATION

Does the camper have any of the following:

Physical Limitations: Yes No

Hearing Impairment: Yes No

Asthma: Yes No

Motion Sickness: Yes No

Convulsions/Seizures: Yes No

Nosebleeds: Yes No

Diabetes: Yes No

Wears glasses/contacts: Yes No

Dietary Restrictions: Yes No

Other (please specify) _____

Does your child currently take medications? Yes No

Please attach a list of your child's current medications.

Will your child be taking medications at camp? If yes, please specify:

Does your child have any allergies? If so, please list them below:

Parent/Guardian signature: _____ Date: _____

Relationship to camper: _____

Camp Mend-A-Heart

Hospice of the Central Peninsula
MEDIA CONSENT FORM – MINOR

I hereby authorize the use and reproduction of photographs, audio/video recordings, interviews, and information about my child(ren) _____ (print name) taken by and for Camp Mend-A-Heart/Hospice of the Central Peninsula (HOCP) during CMAH/HOCP activities. These may be viewed in/on newspapers, newsletters, public flyers, social media (Facebook, etc), HOCP website, radio, etc for advertisement.

Print name of child(ren): _____

Print name Parent or Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Mailing Address: _____

Phone Number: _____ Email: _____

I DO NOT authorize the use and reproduction of photographs, audio/video recordings, interviews and information about my child(ren) _____ (print name) taken by and for Camp Mend-A-Heart/Hospice of the Central Peninsula (HOCP) during CMAH/HOCP activities. These may be viewed in/on newspapers, newsletters, public flyers, social media (Facebook, etc), HOCP website, radio, etc for advertisement

Name: _____

Signature: _____

Date: _____