



Camp Good Grief

Application

Help us get to know you... (To be completed by the Camper)

Camper's Name: _____ **Nickname:** _____

I want to go to Camp Good Grief because:(Mark as many as you need to)

- I miss the person that died
- I would like to meet other kids that have had a special person in their life die.
- I would like to learn ways to cope with death
- My parent/guardian(s) are making me go to camp
- I would like to get away from home for a while and have fun with kids my own age
- Other (explain) _____

What are some of your fears about going to Camp Good Grief?

- I feel uncomfortable about talking with others about death
- I am afraid I won't have anything in common with the other kids
- Maybe the other kids won't like me
- Other (explain) _____

Bereavement History:

- The name of the person who died is... _____
- This person was my... _____
- My loved one died from... _____
- My favorite thing to do with them was... _____
- My favorite memory of my loved one is... _____
- My loved one really liked... _____
- The thing I miss the most about my loved one is... _____
- My loved one didn't like... _____
- When I want to share stories about my loved one, someone I talk to is... _____

Return completed application to the home office:

*Camp Good Grief
Mountain Hospice
1002 South Crim Ave*





*Belington, WV 26250
1-888-763-7789*

