

# You're Not Alone Youth Camp Application Form Cont.

Have there been other significant changes in your child's life?

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Have you noticed any behavior changes in your child since the death which you are concerned about?

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Are there other concerns for your child on which you wish to comment?

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Does your child have any activity/mobility issues?	Yes	No
Is your child seeing a Mental Health Professional?	Yes	No
Does your child have any current health problems?	Yes	No
Does your child have any allergies we should be aware of?	Yes	No
Is your child currently taking any medications?	Yes	No

Please further explain any of the above questions that were answered "yes".

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I \_\_\_\_\_ give my permission for Community Hospice to provide bereavement counseling, education or support to my minor child. Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation and do hereby release Community Hospice from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Child \_\_\_\_\_ Date \_\_\_\_\_



Return completed application to Kelsie Gunnoe at the Martinelli Center by Monday, July 12. For more information, call 1-800-947-7284 or email [bereavement@myhospice.org](mailto:bereavement@myhospice.org)

# You're Not Alone UNDER CONSTRUCTION Youth Camp 2021

One-Day Bereavement Youth Camp

July 27 - 30  8:30 AM - 4 PM



**Community Hospice Truman House  
Outdoor Pavillion**

716 Commercial Avenue SW  
New Philadelphia, Ohio 44663

## YOUTH CAMP INFORMATION

"You're Not Alone" is a day camp offered to youth ages 7 - 17 who have suffered the loss of a loved one in recent years. Thanks to the generous support from our community, this camp is offered free of charge.

Community Hospice is committed to supporting youth through their individual grief and helping them to recognize their responses as normal. This camp program allows kids to be around others who have experienced loss and provide a fun and memorable time through this unique process.

Due to COVID-19 precautions, this year's camp will be limited to four one-day camps with ten kids maximum per day. Light breakfast, lunch and snack will be provided. We ask that youth sign up for one day only and according to their age at the time of camp.

### ACTIVITIES INCLUDE:

- Art Project
- Music
- Scavenger Hunt
- Water Games
- Yard Games
- Memorial Keepsake

Proceed with  
**CAUTION**

Dress accordingly for outdoor weather activities.



It's not a mess, it's

**UNDER CONSTRUCTION**

## BEREAVEMENT CARE TEAM



**David Weaver**, LISW-S  
Director of Counseling Services



**LeAnn Mallernee**, LISW-S  
Bereavement Care Counselor



**Marissa Bryan**, MSW, LSW  
Bereavement Care Counselor



**Julie Yoder**, RN  
Bereavement Care Specialist



**Kelsie Gunnoe**  
Counseling Services  
Administrative Coordinator

Community  
**HOSPICE**  
Peace • Hope • Compassion



# YOU'RE NOT ALONE Youth Camp Application

Participant's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male / Female

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Camper Shirt Size

YS YM YL YXL AS AM AL AXL

Preferred Camp Date (Max 10 kids per day)

Older Group (12 - 17 Years Old)  Tuesday  Thursday

Younger Group (7 - 11 Years Old)  Wednesday  Friday

In case of emergency, and the guardian is not reachable, list someone you would like us to contact.

Name \_\_\_\_\_ Phone \_\_\_\_\_

List any siblings - Name and Age

\_\_\_\_\_

Name of Deceased \_\_\_\_\_ Relationship \_\_\_\_\_

Cause of Death \_\_\_\_\_ Date of Death \_\_\_\_\_

Please fill out reverse side.