



Dear Camper Family,

Thanks for your interest in Camp Erin™ of the Carolinas! This year's camp will be held at South Mountain Christian Camp in Bostic, NC from Friday, November 10<sup>th</sup>, through Sunday, November 12<sup>th</sup> 2017.

Please complete the enclosed application and return it to our office as soon as possible, as space at camp is limited and applicants are considered on a first-time basis. Also, please note that preference is given to campers who have not attended Camp Erin before. (We do maintain a waiting list for applicants whose applications were received after all spots were filled, or who have attended camp before, and we often accept applicants on this waiting list during the month before camp.)

Please mail your application to: **Hospice of Rutherford County**  
**Attn: Cy Miller**  
**374 Hudlow Rd.**  
**Forest City, NC 28043**

Once we have received your application, we will contact you concerning a potential interview with you and your child. This can be a face-to-face, phone, or Skype interview.

I have included a list of "frequently asked questions" to help address some basic questions you may have. You are welcome to contact Cy Miller by phone at (828)-245-0095, or via email at [cmiller@hospiceofrutherford.org](mailto:cmiller@hospiceofrutherford.org), if you have additional questions or concerns.

Thanks again for your interest! We look forward to meeting you!

Sincerely,

*Cy Miller*

Cy Miller  
Camp Erin Coordinator  
(828)-245-0095  
[cmiller@hospiceofrutherford.org](mailto:cmiller@hospiceofrutherford.org)

***Please see attached documents for more information about Camp Erin – Carolinas!***

## **Camp Erin™ of the Carolinas**

### **Frequently Asked Questions**

#### **What is Camp Erin?**

Camp Erin is a three-day overnight camp for kids and teens, ages 6 to 17, who have experienced the death of a loved one. At Camp Erin, kids have an opportunity to be around other kids who have experienced similar losses. They participate in fun, traditional camp activities (arts and crafts, games, field sports, and more), as well as activities designed to help them better understand and process their grief.

#### **Who facilitates Camp Erin?**

Camp Erin of the Carolinas is facilitated by a professional staff from Hospice of Rutherford County's Grief and Bereavement program, as well as by trained volunteers. Clinical support staff members are present throughout camp to help facilitate activities and support campers. A registered nurse is also present throughout camp.

Parents/guardians and registered campers will meet Camp Erin staff and volunteers at a pre-camp information session in Forest City a few weeks before camp. (You will receive more information about this meeting once your camper is accepted.)

#### **Do we need to pay to attend Camp Erin?**

No! Camp Erin of the Carolinas is offered free of charge to kids and teens throughout the Carolinas. (Camp Erin of the Carolinas is funded by Hospice of Rutherford County, and the Moyer Foundation).

#### **Where will my child stay at camp?**

While at camp, your child will sleep in a rustic cabin with campers of the same age and gender. Specially trained volunteers (called *Cabin Buddies*) will guide and support the campers through the weekend's activities. Each cabin generally includes twelve campers and two Cabin Buddies.

#### **Can I volunteer at camp?**

Family members, guardians, and caregivers cannot volunteer at camp the same year that their child is a camper.

#### **IMPORTANT DATES:**

Camp Erin of the Carolinas: Friday, November 10<sup>th</sup> – Sunday, November 12<sup>th</sup> 2017

# 2017 Camp Erin™ of the Carolinas

## Camper Application



Camp Erin of the Carolinas is an annual weekend camp for kids and teens (ages 6 – 17) who are grieving the death of a loved one. For more information, please call Cy Miller at Hospice of Rutherford County - (828)-245-0095.

### Camper Information (Fill out a separate application for each camper) Please print or write legibly.

Camper's Name: \_\_\_\_\_  
Camper prefers to be called: \_\_\_\_\_ Sex: Male Female  
Age: \_\_\_\_\_ Date of Birth: (MM/DD/YYYY): \_\_\_\_\_ Grade: \_\_\_\_\_

### Race/Ethnicity (We use this information to gather demographic statistics. Circle all that apply):

African African – American Asian American Indian or Native Alaskan  
Caucasian Latino Multi-Racial Native Hawaiian or Other Pacific Islander  
Other: \_\_\_\_\_

School Name: \_\_\_\_\_  
Siblings (list names/ages): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: Day ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

What is the best time/way to reach you? (E.g., Afternoon/Email): \_\_\_\_\_  
If you plan to move before camp, please specify how to contact you: \_\_\_\_\_

Emergency Contacts: Please list two people other than yourself to contact in case of emergency at camp:  
Emergency Contact #1: Name \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Phone: Day ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
Emergency Contact #2: Name \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Phone: Day ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Has camper attended Camp Erin before? Yes No  
If so, please specify year/location: \_\_\_\_\_

Has camper been involved with Hospice of Rutherford County's grief program before? Yes No

### How did you hear about Camp Erin? (Circle all that apply)

Hospice of Rutherford County School Web Advertisement Other (specify): \_\_\_\_\_

Is either parent/guardian an active, reserve or National Guard military member or military veteran? Yes No  
If so, what branch: \_\_\_\_\_

Family Income: 0 – 25,000 25,000-50,000 50,000-75,000 75,000-100,000

**Bereavement History (Attach additional sheets if more space is needed)**

Name(s) of person(s) who died: \_\_\_\_\_

Relationship(s) to child: \_\_\_\_\_

Date(s) of death: \_\_\_\_\_ Age(s) of deceased at time of death: \_\_\_\_\_

What was the cause of death? \_\_\_\_\_

Was the death anticipated? Yes No

Had the deceased received hospice services? Yes (specify Hospice Name): \_\_\_\_\_ No

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

Did the child see the deceased after the death? Yes No

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

If yes, What were your child's reactions to/comments about the service? \_\_\_\_\_

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

Did the child receive counseling/grief support services before or after the death? Yes No

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

Describe the relationship between the child and the deceased (e.g., close, distant, etc.): \_\_\_\_\_

How did the child react to the death? \_\_\_\_\_

Describe how the child indicates that he/she is grieving: \_\_\_\_\_

**Has the child exhibited any of the following behaviors since the death? (Circle all that apply)**

- |                                       |                           |                            |                         |                    |
|---------------------------------------|---------------------------|----------------------------|-------------------------|--------------------|
| Depression                            | Special Fears             | Stealing                   | Destruction of Property | Regression         |
| Nightmares                            | Ongoing Sleep Disturbance | Harmed Self                |                         | Lying              |
| Harmed Others                         | Behavior Problems (Home)  | Behavior Problems (School) |                         | Drug/Alcohol Use   |
| Unusual/Inappropriate Sexual Behavior |                           | Discussed Suicide          |                         | Run Away from Home |

Has the child experienced any other deaths? Yes No

If yes, please specify the deaths, and describe the impact on the child: \_\_\_\_\_

Describe any other changes/stresses on the child's life (e.g. divorce, illness, moving): \_\_\_\_\_

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

If yes, please specify: \_\_\_\_\_

**Camp Information (Attach extra sheet if more space is needed)**

Have you and the child talked about him/her coming to Camp Erin? Yes No  
What, if any, concerns do you have about the child coming to camp? \_\_\_\_\_  
\_\_\_\_\_

What, if any, concerns does the child express about coming to camp? \_\_\_\_\_  
\_\_\_\_\_

Has the child ever:  
Spent the night away from home? Yes No  
Attended day camp? Yes No  
Attended overnight camp? Yes No  
Swimming level: Beginner Intermediate Advanced Does not swim

List any special hobbies the child has: \_\_\_\_\_  
\_\_\_\_\_

List any dietary restrictions or food allergies the child has (e.g., vegetarian, lactose intolerant, peanut allergy):  
\_\_\_\_\_

List any special medical needs or physical challenges the child has (e.g., asthma, diabetes, mobility issues):  
\_\_\_\_\_

T-Shirt Size (Circle one): Child S Child M Child L  
Adult S Adult M Adult L Adult XL Adult 2X Adult 3X

Is there anything we should know about the child's religious beliefs or faith practice? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know to better serve the child? \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Please Return to: Hospice of Rutherford County  
Attn: Cy Miller  
374 Hudlow Rd.  
Forest City, NC 28043  
Email: [cmiller@hospiceofrutherford.org](mailto:cmiller@hospiceofrutherford.org)  
Phone: (828)-245-0095

Office Use Only: Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_