

# CAMP HOPE 2017

Thank you for being a part of Camp Hope 2017!! Please take the time to complete the following questions and return to the Hospice office by person or by mailing it to:  
P.O. Box 626 Athens, Alabama 35612.

Please define your role at Camp Hope:

*VOLUNTEER*  
 *HOLC STAFF*

*PARENT(S) OR GUARDIAN*  
 *BUDDY*

Please rate your experiences with:

*CAMP REGISTRATION PROCESS*

POOR                       SATISFACTORY                       GOOD

*VOLUNTEER TRAINING/HANDOUTS*

POOR                       SATISFACTORY                       GOOD

*ADVANCE PUBLICITY ABOUT CAMP (DATES, TIMES, LOCATION)*

POOR                       SATISFACTORY                       GOOD

List activities that you found to be the most meaningful:

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Was your child or camper able to share his or her feelings of grief and loss through participating in camp activities?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Please rate the Memorial Service for Families to remember loved ones:

POOR                       SATISFACTORY                       GOOD

Please add any comments or suggestions to help us improve Camp Hope and Camp Teen in coming years. \_\_\_\_\_

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