

# CAMP TEEN 2017

## I. DEFINE YOUR ROLE AT CAMP HOPE

- VOLUNTEER                       TEEN CAMPER  
 PARENT(S) OR GUARDIAN       HOLC STAFF

## II. PLEASE RATE YOUR EXPERIENCES WITH

--CAMP REGISTRATION PROCESS

- POOR                       SATISFACTORY                       GOOD

--VOLUNTEER TRAINING/HANDOUTS, ETC.

- POOR                       SATISFACTORY                       GOOD

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

- POOR                       SATISFACTORY                       GOOD

--INDOORS LOCATION @ LIMESTONE EVENT CENTER

- POOR                       SATISFACTORY                       GOOD

## III. PLEASE MARK ONE (OR MORE) OF THE ACTIVITIES BELOW THAT YOU SEEMED TO FIND MOST MEANINGFUL:

- MOON BALL               MINE FIELD               TWO TRUTHS AND A LIE
- ICE BREAKER SOCK ACTIVITY               BALLON (ROPES) COURSE

**(OVER)**

IV. WAS YOUR CHILD OR CAMPER ABLE TO SHARE HIS/HER FEELINGS OF GRIEF/LOSS THROUGH PARTICIPATING IN CAMP ACTIVITIES?

\_\_\_\_\_YES

\_\_\_\_\_NO

V. MEMORIAL SERVICE FOR FAMILIES TO REMEMBER LOVED ONE.

POOR

SATISFACTORY

GOOD

VI. ANY COMMENTS/SUGGESTIONS ARE HELPFUL AS WE SEARCH FOR WAYS TO IMPROVE OUR CAMP HOPE & CAMP TEEN 2015.

VII. PLEASE RETURN TO HOSPICE OF LIMESTONE COUNTY,  
IN PERSON OR BY MAIL - P. O. BOX 626, ATHENS, AL 35612