

Sojourners Camper Referral Form

To be completed by a Social Worker, Counselor or Religious Professional

Christikon

1108 24th Street West • Billings, Montana 59102-3810 • 406 656-1969 • christikon@aol.com

Please complete this form and return it to Christikon as an e-mail attachment, or mail it to the Christikon address above.

All information is considered confidential

Name of Camper being referred _____

Name of person making referral _____

If the person making the referral is with an agency, please also give your title.

Name of referral agency _____

Agency Mailing Address _____

Agency City, State, Zip Code _____

Agency Telephone _____ Agency e-mail address _____

Information about camper:

Male Female Age _____ Birth date _____ Height _____ Weight _____

Camper is currently living with:

- | | |
|--|---|
| <input type="checkbox"/> Natural Parents | <input type="checkbox"/> Foster Parents |
| <input type="checkbox"/> Mother and Stepfather | <input type="checkbox"/> Relative(s) |
| <input type="checkbox"/> Father and Stepmother | <input type="checkbox"/> Institution |
| <input type="checkbox"/> Other (explain) _____ | |

Please list all children (including the camper) living at home:

_____ Age _____	_____ Age _____
_____ Age _____	_____ Age _____
_____ Age _____	_____ Age _____

In the following items, please be as specific as possible:

1. Please comment on this child's **race or ethnic group**. (Note: This information is used only in our preparation for best meeting the needs of this camper. It will not be used in determination of the camper's admission as a camper.)

2. Please comment on the state of this child's **physical and emotional development** relative to his/her age.

3. How would you characterize your own relationship with this youth? (*Examples: formal, companionable, trusting, etc.*)

4. Are there behavioral patterns or problems about which Sojourners coordinators and camp staff should know? *If so, please describe.*

5. How does this young person respond to efforts by others to be of help?

6. What kind of supervision do you feel works best with this youth? (*Examples: gentle, decisive, strong, flexible, other supervisory approach*)

7. Are there other at-risk behaviors displayed by this young person about which Sojourners coordinators and camp staff should be aware? (*Examples: use of alcohol/cigarettes/drugs, cutting, anger management problems, sexual acting-out, etc.*)

8. Have there been any encounters with school or legal authorities (*Examples: suspension from school, police contact, etc.*) about which Sojourners coordinators and camp should be aware?

9. What additional information about this camper should be known by Sojourner coordinators and camp staff as they prepare to meet this person's needs? (*Examples: signs of depression, suicidal thoughts, negative subculture, likes and dislikes, etc.*)

10. In what ways do you feel the Sojourners camping experience might benefit this young person?

Once you have completed this form, save it in your word processor and send it as an e-mail attachment to christikon@aol.com. Or mail it to Christikon • 1108 24th Street West • Billings, MT 59102-3810