

Sojourners Camper Referral Form

Christikon

1108 24th Street West • Billings, Montana 59102-3810 • 406 656-1969

Please complete this form and return it to secretary@christikon.org as an e-mail attachment, or mail it to the Christikon address above. This form is also available at <http://christikon.org/camps/registration/sojourners/sojourners-referral-form/>.

All information is considered confidential. Referring person must have routine contact with the camper. Good candidates should be successful in a normal school setting with little support.

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 _____ Grade Completed _____ Height _____ Weight _____

Camper is currently living with:

Natural Parents Foster Parents

Mother and Stepfather Relative(s)

Father and Stepmother Institution

Other (explain) _____

Siblings & ages _____

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

1. Why are you referring this youth to attend Sojourners?

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

3. In what capacity to you work with this youth?

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, signs of depression suicidal thoughts, negative subculture, physical aggression, etc.)* These factors could disqualify this youth from Sojourners due to the remote location of camp.

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: favorites, fears, worries, family dynamics, personal hygiene, anxiety, etc.)*

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Or email to secretary@christikon.org**

You may also complete this form online at www.christikon.org (click on "Sojourners Camp for at-risk youth")

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