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February 15, 2010

Dear Prospective CHT Counselor,

Greetings from The Valerie Fund's Camp Happy Times! We are excited to announce that **Camp Happy Times 2010 will begin on Monday, August 16th and end on Sunday, August 22nd.** Thank you for considering lending your time and enthusiasm to join us at CHT 2010!

Below you will find the 2010 application for The Valerie Fund's Camp Happy Times. Kindly take the time to complete all of the sections and review the code of conduct as well as the Volunteer Term Agreement. The code of conduct and Volunteer Term Agreement should be read carefully and must be adhered to closely throughout your relationship with Camp Happy Times: before, during and after camp sessions. Please make sure that you agree to each section of these agreements before you sign.

Please make sure that the application is signed where indicated. **Please complete the application and return it with a copy of your photo ID and insurance card by March 15, 2010.** We continue to receive an overwhelming response from volunteers, and so participation in camp cannot be guaranteed. Please get your applications mailed in time to ensure that you will be considered! Applications received after the due date will be reviewed depending on available space.

The theme for 2010 is "Super Heroes." We will be highlighting a variety of heroes from Batman and Wonder Woman to firefighters, police, soldiers and of course, our campers. If you have any suggestions to correspond with the theme, please forward them along. Watch your email for additional details!

Please keep in mind that camp orientation will be held on August 1, 2010 at the Hilton, Short Hills, NJ, from 10am – 4pm. All new staff must attend the orientation. Returning volunteers are required to attend orientation at minimum every other year.

Thank you again for your interest in volunteering with Camp Happy Times. Through your commitment you are helping to provide a week of fun, a week of friendship, and a week of Happy Times.

Join us for April 10th in Northern NJ for **BLAST (By Love And Support Together)**, a "fun"raiser with all proceeds to benefit CHT. Tickets are available now through The Valerie Fund office. Contact us for more information!

Feel free to call us at 973-761-0422 if you have any questions. You can also contact us via email at: Milliesue@aol.com (Millie), Robinalyce@aol.com (Robin), or Canyon116@aol.com (Matthew). We look forward to another wonderful week at Camp Happy Times!

All the best,

Volunteer Camp Director

Matthew Ruttler & Robin Pritchett
Assistant Camp Directors

Promoting Friendship, Independence and a Spirit of Cooperation for Children Who Have or Have Had Cancer

Children's Hospital of NJ at Newark Beth Israel, Newark • Children's Hospital of New York-Presbyterian Hospital, New York
Children's Hospital of Philadelphia, Specialty Care Center, Voorhees • Monmouth MC, Long Branch • Morristown Memorial Hospital, Morristown
Overlook Hospital, Summit • Saint Barnabas Medical Center, Livingston

THE VALERIE FUND'S
CAMP HAPPY TIMES AUG. 16TH-22ND
VOLUNTEER APPLICATION



NAME: LAST _____ FIRST _____

Thank you for your interest in volunteering for The Valerie Fund's Camp Happy Times!

Camp Happy Times staff and counselors are all volunteers. Applicants for CHT positions are carefully screened prior to acceptance. Although we value the intentions of each volunteer applicant, positions are filled with the best candidates based on the needs of the camp and individual strengths and expertise.

MISSION

Camp Happy Times promotes friendship, independence, and a spirit of cooperation for pediatric cancer patients and survivors aged 5-21. Our philosophy is to provide a recreationally therapeutic environment that engages participants while building self-esteem, confidence, trust and friendship.

VOLUNTEERS

- The role of the counselor is complex as it demands emotional and physical stamina for a rigorously scheduled week.
- Counselors encourage the campers to take on the challenges of various daily activities at camp while ensuring their safety and comfort.
- Campers are divided into similar gender and age groups by cabin and assigned to several counselors for the duration of the week.
- Counselors are not required to be certified or trained in a specific area of camp as the activities are executed by the facility's staff.
- Staff positions are particular to areas of need and specialty.
- A fully staffed infirmary addresses any medical issues or concerns during the week of camp.

QUALIFICATIONS

- At least 22 years old.
- Physically, emotionally and cognitively capable of caring for children aged 5-21 who have or have had cancer in a camp setting.
- Cooperative, flexible, reliable and able to work well with others while using good communication practices.
- Agree to a one-week overnight commitment to the program-
Monday, August 16th (by 10am) – Sunday, August 22nd, 2010 (until 1pm)
- **Attend orientation on Sunday, August 1, 2010 from 10am-4pm at the Hilton, Short Hills, NJ.** Orientation is required every other year for all volunteers, mandatory for new volunteers.

APPLICATION – PLEASE READ CAREFULLY

- Candidates interested in volunteering at The Valerie Fund's Camp Happy Times must **complete and return the application by March 15, 2010.**
- Application must be accompanied with **copies of valid photo identification and health insurance card front and back. The application is not complete without this information.**
- Complete the screening procedure successfully, which includes an interview and background check.
- Applications are good for one year. Return completed applications by the deadline to:

Camp Happy Times
2101 Millburn Avenue
Maplewood, NJ 07040

THE VALERIE FUND'S
CAMP HAPPY TIMES AUG. 16TH-22ND
VOLUNTEER APPLICATION



NAME: LAST _____ FIRST _____

- **QUESTIONS?** Visit our website at www.thevaleriefund.org/camphappytimes, call Millie Finkel or Ashley O'Neill at 973-761-0422, or email us at camphappytimes@thevaleriefund.org

PLEASE PRINT AND COMPLETE EACH SECTION

Last Name		First Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address			Apartment		
City		County	State	Zip	
Home Phone		Cell Phone			
Home Email Address					
Date of Birth		Social Security Number	Driver's License Number (include a copy with your application)		DL State
Preferred Age Group of Campers (<u>Preferences are not guaranteed</u>) <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-11 <input type="checkbox"/> 12-15 <input type="checkbox"/> 15-18			T-Shirt Size <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Adult XX-Large		
Which is the best way to contact you? (<i>Select One</i>) <input type="checkbox"/> Home Email <input type="checkbox"/> Work Email <input type="checkbox"/> Post Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone					
Place of Employment			Address of Employment		
City	State	Zip	Current Position		Years of Employment
Work Phone Number		Extension	Work Email Address		
Supervisor's Full Name			Supervisors Phone Number		May we contact your supervisor for a reference?
Name of College or Trade School				Branch of Military	
Degree(s) Obtained			Other Certifications or Skills		
<p><i>The role of a CHT volunteer is complex as it demands emotional and physical stamina for a rigorously scheduled week. Are you physically, emotionally and cognitively capable of caring for children aged 5-21 who have or have cancer in a camp setting?</i> <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>1. <i>Can you commit to attending volunteer orientation at the Short Hills Hilton on Sunday, August 1, 2010 from 10am-4pm?</i> <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>2. <i>Can you dedicate a week of your time for Camp Happy Times 2010 from Monday, August 16th – Sunday, August 22nd?</i> <input type="checkbox"/> NO <input type="checkbox"/> YES</p>					

If this is the first time you are applying for CHT, how did you hear about us?	
If you have been a volunteer at Camp Happy Times in the past, when was the first year you attended?	Total years at CHT?

SIGNATURE

I affirm that all information provided above is accurate and true. I understand that any falsification of any information will immediately terminate my application and further opportunities with The Valerie Fund and Camp Happy Times.

Print Full Name	Signature	Date
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THE VALERIE FUND'S
CAMP HAPPY TIMES AUG. 16TH-22ND
VOLUNTEER APPLICATION



NAME: LAST _____ FIRST _____

Medical

All medical information is maintained under the supervision of the Infirmary Medical Supervisor, Camp Happy Times, and is protected by Federal Confidentiality Laws.

Full Name of Emergency Contact		Relationship of Emergency Contact	
Emergency Contact Home Number	Emergency Contact Mobile Number	Emergency Contact Work Number	
Primary Care Physician Name		Primary Care Physician Phone Number	
Physician Address	Physician City	Physician State	Physician Zip
Name of Primary Medical Insurance Provider (include a copy with your application)	Group Number	Policy Number	
Insurance Phone Number	Address, City	State and Zip	
Are you currently under the care of your physician for any medical condition or disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list any medical conditions since 2000		Surgeries / Reasons for Hospitalizations	
1.		1.	
2.		2.	
Have you ever had any of the following:			
Heart Disorder or Condition or Chest Pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Back or Neck Injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer or Tumors? (even as a child)	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney or Liver Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other?	
Please list any medication(s) you are currently taking:			
1.		3.	
2.		4.	
Are you allergic to any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list the medications you are allergic to and the reaction you had below			
1.		2.	
Are you allergic to any food or substances? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list the food(s) and substance(s) you are allergic to and the reaction you had below			
1.		2.	
Have you ever had the chickenpox (varicella)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Vaccinated			
Have you had a tetanus vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Year of Vaccination: _____			

In the event of a medical or surgical emergency, I hereby authorize the Licensed Medical Staff at Camp Happy Times to render to me or arrange for me to receive any and all treatment deemed advisable by them and to be rendered under the supervision of medical personnel. I also understand that I am responsible for any cost incurred for such treatment that any existing insurance may not cover.

Print Full Name	Signature	Date

THE VALERIE FUND'S
CAMP HAPPY TIMES AUG. 16TH-22ND
VOLUNTEER APPLICATION



NAME: LAST _____ FIRST _____
Code of Conduct

In a continuing effort to offer campers the best week possible with the most memorable outcomes, rules should be understood and agreed to by the counselor before attending Camp Happy Times. While situations are not anticipated, this code is simply a way to provide a safeguard for you, our campers and CHT. Volunteers must sign this form in order to participate in Camp Happy Times.

Counselors are expected to abide by the following rules:

1. Volunteers are expected to remain with their assigned group/campers at all times and actively participate in each assignment/activity. The safety and comfort of the campers is the number one priority at Camp Happy Times.
2. No volunteer or staff member may physical touch, or emotionally abuse, or in any way embarrass, demean or degrade a camper for any reason.
3. Volunteers may not under any circumstances leave camp grounds without express permission from the Director of Camp Happy Times, Millie Finkel.
4. Volunteer relationships may not interfere with any camp responsibilities. Relationships should be friendly and supportive. Volunteers may never become intimate, suggestive or sexual with each other while at Camp Happy Times. This includes Volunteers who may have had a relationship prior to camp, including marriage.
5. Relationships with campers should be friendly and supportive. Romantic, intimate, suggestive or sexual relationships with campers are unacceptable and will not be tolerated.
6. Volunteers are to abide by common standards of decency including dress and behavior. Abusive language, arguing or fighting between volunteers, campers or other staff is intolerable.
7. With the exception of medical or administrative staff, volunteers may not enter the living quarters of members of the opposite sex without permission.
8. No drinking of alcoholic beverages, use of illicit drugs or controlled substances.
9. No use of tobacco products on the campus of Camp Happy Times.
10. All medications (including over-the-counter) must be given to the medical staff for the duration of camp.
11. Volunteers must respect the camp grounds. Littering or defacing camp property is not permitted. Volunteers should actively participate in keeping the camp grounds and their cabins clean.
12. Swimming is not permitted unless under the direction of a Tyler Hill lifeguard. Lifejackets must be worn for all water sport activities.

NOTE: Any conduct not specifically covered by this code of conduct, but deemed inappropriate by those responsible for Camp Happy Times will be viewed as a violation and appropriate action will be taken.

CONSEQUENCES

Unacceptable behavior during Camp Happy Times (as defined within this Code of Conduct or through a review process by Camp Happy Times administration) may result in the following consequences (not necessarily in this order):

1. A verbal warning
2. Temporary suspension from camp activities
3. Restitution or repayment of damages
4. Early release from Camp Happy Times
5. Denial of future participation in Camp Happy Times for one or more years (as determined by Camp Happy Times administration)
6. Release to the proper law enforcement agency and/or the proper authorities

I have read and understand the “Camp Happy Times Code of Conduct” and I agree to abide by their standards. I am aware of the consequences for any violation committed on my behalf.

Print Full Name	Signature	Date

THE VALERIE FUND'S
CAMP HAPPY TIMES AUG. 16TH-22ND
VOLUNTEER APPLICATION



NAME: LAST _____ FIRST _____
Volunteer Term Agreement

1. I understand and agree that Camp Happy Times, The Valerie Fund and all of their agents, representative and employees (paid or volunteer) shall have permission to use my name and image in print or on film for any advertisement or promotion.
2. I understand and agree that Camp Happy Times, The Valerie Fund and all of their agents, representative and employees (paid or volunteer) accept no responsibility for the loss, damage or theft of my property.
3. I understand that making any false or misleading statements on this application will be sufficient reason for rejection of this applicant and/or discharge. I hereby guarantee the correctness of these statements. I hereby authorize Camp Happy Times the permission to contact my references. I understand that this is an application only and not a guarantee of any position at Camp Happy Times.
4. I hereby authorize Camp Happy Times to obtain information it deems desirable in the processing of my application including civil, criminal, employment, police and vehicle records and other relevant information, and release The Valerie Fund's Camp Happy Times, it's employees, volunteers, and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. The application hereby waives any claim for damages by reason of non-acceptance of this application, which The Valerie Fund's Camp Happy Times may reject.
5. In the event of a medical or surgical emergency, I hereby authorize the Licensed Medical Staff at Camp Happy Times to render to me or arrange for me to receive any and all treatment deemed advisable by them and to be rendered under the supervision of medical personnel. I also understand that I am responsible for any cost incurred for such treatment that any existing insurance does not cover.
6. I understand and agree that certain activities at Camp Happy Times have an increase risk of injury. I assume full responsibility for my safety. I agree to release and indemnify Camp Happy Times, the Valerie Fund and all of their agents, representative and employees (paid or volunteer), from any injuries, losses, claims, costs, expenses, and/or damages.
7. I understand and agree that I am to arrive at camp at the specified time and to remain through the end of the session. I also agree not to leave the campsite for all and any portion of the session without permission from the Camp Happy Times Director.
8. I understand and agree that I am obligated, under Federal Law, to keep all information regarding campers of Camp Happy Times confidential.
9. I understand and agree that absolutely no alcoholic beverages and no illegal and unauthorized drugs will be allowed on the grounds of Camp Happy Times. Including, but not limited to, storage, consumption, sale or any other use.
10. I understand that smoking will not be permitted on the grounds of Camp Happy Times.
11. I understand that at no time may any staff member post any photos containing CHT campers on any internet site or website that can be freely accessed. This includes sites such as Myspace, Friendster and Facebook.
12. I understand that this application does not create any guarantee of acceptance as a volunteer or creates any obligation, contractual or otherwise, on the part of Camp Happy Times or The Valerie Fund.
13. I understand that if I violate any of these policies, I will be asked to leave Camp Happy Times, and I hereby agree that I will leave Camp Happy Times promptly upon receipt of such request. I understand and agree that I will not be invited to return as a volunteer in the event that such violation has occurred.

By signing below, I accept all of the above conditions.

Print Full Name	Signature	Date