



2101 Millburn Avenue  
Maplewood, NJ 07040  
973-761-0422 OFFICE  
973-761-6792 FAX

THE VALERIE FUND  
Valerie Fund Founders  
Sue & Ed Goldstein

Executive Director  
Barry Kirschner

BOARD OF TRUSTEES  
Chairman of the Board  
Joseph Mangione

Treasurer  
Brian D. Fuhro, Esq.

Secretary  
Jodi Rosenberg, Esq.

Judy Abrams  
Gail Cohen  
Mark Gall  
Jeff Greenholtz  
Tim Hartnett  
Julie Rubinstein  
Louis Ventura  
Diane Young

Leadership Council  
Howard Brechner, Esq.  
Ron Festa, Ph.D.  
Harriet Greenholtz  
Janet Keating  
Joe Uva

CAMP HAPPY TIMES  
Camp Happy Times Founder  
Sy Frankel

Volunteer Camp Director  
Millie Finkel

Assistant Camp Directors  
Robin Pritchett  
Matthew Ruttler

Camp Coordinator  
Ashley O'Neill

Camp Physician  
Stacey Rifkin-Zenenberg, DO

LIT Program Coordinators  
Anthony Geanoules  
Jillian Griffith

Camp Committee  
Shannon Campbell  
Karen Feinblatt  
Darlene Marte  
Debi Neretich  
Kristin Pokorny  
Ron Pritchett  
Ellen Ruban  
Beth Ruttler  
Michael Turk  
Susan Turk  
Helen Verniero  
Dottie Ward-Wimmer

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 16<sup>th</sup> and end on Sunday, August 22<sup>nd</sup>.** 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 10<sup>th</sup> 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](mailto:Milliesue@aol.com) (Millie), [Robinalyce@aol.com](mailto:Robinalyce@aol.com) (Robin), or [Canyon116@aol.com](mailto: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. 16<sup>TH</sup> -22<sup>ND</sup>  
MEDICAL STAFF APPLICATION



NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

### Eligibility

It is the policy of Camp Happy Times that each participant must meet the defined eligibility criteria. Administration, Counselors and Medical staff should be knowledgeable of and understand all eligibility criteria required for their participation in the Camp Happy Times.

### Staff Eligibility Requirements

- Be licensed or have had applied for a Pennsylvania Medical License as a Registered Nurse, Resident, Nurse Practitioner or Physician
- Adhere to all Camp Happy Times Policies and Procedures
- Be willing to communicate with fellow counselors and staff effectively
- Complete the screening procedure successfully
- Agree to attend the counselor trainings as required
- Have no prior criminal record

### Time Commitment

- Respond promptly to any correspondence relating to Camp Happy Times, pre and post.
- Arrive on time for scheduled Camp Happy Times events. Counselors/Staff are scheduled to arrive on Monday, August 16, 2010 by 10:00am.
- Respond to application deadlines.
- **Orientation:** Counselor Orientation will take place Sunday, August 1, 2010 at 10 AM – 4pm at the Hilton, Short Hills, NJ. New counselors are required to attend. Returning Counselors/Staff are required to attend orientation at minimum every two years.

### Application

- **Completed applications must be returned by April 1, 2010.**
- Provide a photo copy of the following with a completed application:
  - Health Care Coverage – Front and Back Copy
  - Driver's License or State Issued Identification Card
  - Valid Pennsylvania Medical License and Malpractice Insurance or Copy of application
- **Return completed applications to:**

*CAMP HAPPY TIMES  
2101 MILLBURN AVENUE  
MAPLEWOOD, NJ 07040*

- Please contact Millie Finkel or Ashley O'Neill at 973-761-0422 or email [camphappytimes@thevaleriefund.org](mailto:camphappytimes@thevaleriefund.org) if you have any questions

**THE VALERIE FUND'S  
CAMP HAPPY TIMES AUG. 16<sup>TH</sup> -22<sup>ND</sup>  
MEDICAL STAFF APPLICATION**



**NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_**  
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		Beeper	
Home Email Address					
Date of Birth		Social Security Number		Driver's License (DL) Number (include a copy with your application)	
				DL State	
Pennsylvania Medical License Number (Include a copy with your application)		Expiration Date		License Type <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician <input type="checkbox"/> Resident <input type="checkbox"/> Other _____	

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? (Select One) <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		

In 2010, you will have been a counselor/staff member at Camp Happy Times for how many years?

**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

**THE VALERIE FUND'S  
CAMP HAPPY TIMES AUG. 16<sup>TH</sup> -22<sup>ND</sup>  
MEDICAL STAFF 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.	
Do you have a history 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?	<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. 16<sup>TH</sup> -22<sup>ND</sup>  
MEDICAL STAFF 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 both 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. 16<sup>TH</sup> -22<sup>ND</sup>  
MEDICAL STAFF 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 application 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