



# Nuuciq Spirit Camp Volunteer Application

Please mail, fax, or hand-deliver your completed application by **May 17, 2019**. Priority will be given to complete applications received by the deadline. Applications received after the deadline will be considered on a case-by-case basis.

<b>Applicant's Full Name</b>		<b>Email</b>		<b>Primary Phone</b>	
<b>Mailing Address</b>			<b>City</b>		<b>State</b>
<b>Shareholder Status</b>		<b>If unaffiliated, explain</b>			<b>Shirt Size</b>
<b>Have you attended camp in previous year? Yes or No</b>			<b>Would you like your travel itinerary mailed or emailed?</b>		

## Emergency Contact Information

Name	Phone Number	Relationship

## Sessions

Please rank the sessions in order of preference that you wish to attend. Session availability varies depending on capacity and travel logistics.

\_\_\_\_\_ Session 1: July 14<sup>th</sup>- 21<sup>st</sup>, 2019

\_\_\_\_\_ Session 2: July 21<sup>st</sup>- 28<sup>th</sup>, 2019

## Travel Information

Departing from	Returning to	Weight	Are you an escort? Yes or No	How many youth are you escorting?

Adults escorting youth (under the age of 12) are required to travel together. If there are any additional campers that you would like to travel with please list their full names. Accommodations will be made based on availability.

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

## Additional Requirements

Have you completed the Descendent Registration with CAC Shareholder Services? \_\_\_\_\_



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Are you an enrolled tribal member of Chenega, Eyak, Tatitlek, Nanwalek, or Port Graham? \_\_\_\_\_

\*\*Please submit supporting documents to verify tribal enrollment.

## Areas of Interest (circle all that apply)

Kitchen	Program Coordinator	Youth Coordinator	Medical Attendant	Traditional Counselor
Elder	Camp Attendant	Are you interested in being a team lead for your area of interest? Yes or No		
Please indicate your availability:		Mornings	Afternoons	Evenings

Traditional Counselors, please list classes you are interested in teaching:

## Photo Release & Authorization

Images of Chugach Alaska Corporation (CAC) and Chugach Heritage Foundation (CHF) (collectively known as “Chugach”) help us visually convey the Chugach brand in our internal and external material. Photos and videos of our shareholders, and shareholder/cultural events reinforce this.

\_\_\_\_\_ **I hereby consent to and authorize** the use and reproduction, in print or electronic format by CHF, CAC and any of CAC’s subsidiary companies, of any and all photographs or videos that have been taken of me or that I have taken during work hours, on company property and/or at a company-sponsored events or gatherings. Photos may be used in the company newsletter, intranet portal, website, brochures and any other lawful purposes, without compensation. All images – electronic, negatives and positives, together with the prints, are owned by Chugach.

\_\_\_\_\_ **I understand** that my service to Nuuciq Spirit Camp is voluntary. I release liability from Chugach Heritage Foundation and Chugach Alaska Corporation, its officers, employees, or other volunteers from any situations arising from my voluntary service.

\_\_\_\_\_ **I understand and agree** that by completing this application and in order to be considered I will submit information for a criminal background check, and that an offer shall be conditional upon the receipt of a satisfactory criminal conviction record as determined by CHF.

\_\_\_\_\_ **I understand and acknowledge** that all bags are subject to search at any given time. I understand that the following items are prohibited: firearms, explosives, fireworks, alcohol, drugs, and tobacco products if under the age of 19. Nuuciq Spirit Camp is a **drug and alcohol free environment**, with a **zero tolerance policy**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## General Medical History

### Confidential (Authorized Personnel Only)

**Participant's Full Name:** \_\_\_\_\_

**Operations/Serious Injuries:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Limitations and Special Requirements:** i.e. dietary needs, allergies, restrictive activity, physical or other limitations, etc., (be specific): \_\_\_\_\_

**Medications:** List medication's name, dosage, and directions sent to camp.

(Note: all medication must be in original container and prescribed by a licensed physician, which will need to be turned into the camp health care provider upon arrival for dispensing):

\_\_\_\_\_  
\_\_\_\_\_

**Other Health Concerns:** \_\_\_\_\_

### Authorization (Initial)

\_\_\_\_\_ This health history is true and accurate to the best of my knowledge, and the person herein described has permission to engage in all the prescribed camp activities including special trips, except as noted by me.

\_\_\_\_\_ I understand that reasonable measures will be taken to safeguard the health and safety of my child and that I will be notified as soon as possible in case of emergency.

\_\_\_\_\_ In case of sickness or accident, I authorize medical evaluation by the camp health care provider and/or providing of other necessary medical services. Should **medical attention** be required, other than that provided by the camp insurance coverage, I will pay for incurred expenses.

\_\_\_\_\_ Youth, volunteers, employees or visitors with a contagious disease on the date of travel to Nuuciq Spirit Camp (NSC) may be excluded from travel to NSC. Youth, volunteers, employees, or visitors with a contagious disease while at NSC, may be excluded from NSC programs and activities. A contagious disease, as defined by Alaska Statute Sec. 18.15.395(3), is an infectious disease that can be transmitted from individual to individual.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only); (iv) I am seeking employment in a position which involves access to confidential financial information (Vermont only); (v) I am seeking employment in a position which requires a financial fiduciary responsibility to the employer or a client of the employer, including the authority to issue payments, collect debts, transfer money, or enter into contracts (Vermont only); (vi) COMPANY can demonstrate that the information is a valid and reliable predictor of employee performance in the specific position being sought or held; (vii) I am seeking employment in a position that involves access to an employer's payroll information (Vermont only); (viii) **the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing, (complete the question below)** (Colorado, Connecticut, Maryland, Oregon and Washington only); (ix) I am seeking employment as a covered law enforcement officer, emergency medical personnel, firefighter police officer, peace officer or other law enforcement position (California, Oregon and Vermont only - in Oregon the police or peace officer position must be sought with a federally insured bank or credit union and in Vermont the law enforcement officer position must be as defined in 20 V.S.A. § 2358, the emergency medical personnel must be as defined in 24 V.S.A. § 2651(6), and the firefighter position must be as defined in 20 V.S.A. § 3151(3)); (x) the COMPANY reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only); (xi) I am seeking a position with the state Department of Justice (California only); (xii) I am seeking a position as an exempt managerial employee (California only); and/or (xiii) I am seeking employment in a position (other than regular solicitation of credit card applications at a retail establishment) that involves regular access to all of the following personal information of any one person: bank or credit card account information, social security number, and date of birth., I am seeking employment in a position that requires me to be a named signatory on the employer's bank or credit card or otherwise authorized to enter into financial contracts on behalf of the employer, I am seeking employment in a position that involves access to confidential or proprietary information of the Company or regular access to \$10,000 or more in cash (California only).

**Bona fide reasons why COMPANY considers credit information substantially job related (complete if this is the sole basis for obtaining credit information) or in California and Vermont the COMPANY'S basis for the credit check.**

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**NY Applicants Only:** I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may request a copy of any investigative consumer report by contacting STERLING. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

**California Applicants and Residents:** If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards. I understand that I can access the following website <http://sterlinginfosystems.com/privacy> to view STERLING'S privacy practices, including information with respect to STERLING'S preparation and processing of investigative consumer reports and guidance as to whether my personal information will be sent outside the United States or its territories.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

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**Signature:**

**Today's Date:**



*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.



• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore)

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
<b>2. To the extent not included in item 1 above:</b>	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357