



Nuuciq Spirit Camp Volunteer Application

This application is for applicants 18 years of age and older who are interested in volunteering their time and knowledge at Nuuciq Spirit Camp.

Nuuciq Spirit Camp (NSC) located in the Prince William Sound, is hosted by Chugach Heritage Foundation (CHF). The camp is held every summer to provide opportunity for students, elders, and instructors to share and learn the native arts, lifestyle, and language of the Chugach people.

Please mail, fax, or hand-deliver your completed application by **May 2nd, 2025 by 5:00 p.m.** 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.

Shareholder Status (Please Select the Appropriate Option Below)

- ☐ Chugach Alaska Corporation Shareholder
- ☐ Chugach Alaska Corporation Registered Descendant
- ☐ Chugach Alaska Corporation Spouse of a Shareholder
- ☐ Shareholder of another Alaska Native Corporation (ANC)
- ☐ Other: _____

Applicant's Full Name		Email		Primary Phone		
Mailing Address			City		State	Zip Code
Shirt Size	Have you attended camp in previous years? Yes or No		Would you like your travel itinerary mailed or emailed?			

Emergency Contact Information

Name	Phone Number	Relationship

Travel Information

Departing From	Returning To	Weight

Chugach Heritage Foundation
3800 Centerpoint Drive, Suite 1200
Anchorage, AK 99503

Phone: (907) 261-0300
Fax: (907) 261-8896
E-mail: CHF-NSC@chugach.com



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Travel Notice

Chugach Heritage Foundation provides travel for eligible and selected volunteers from the following community hubs: Anchorage, Chenega, Cordova, Nanwalek, Port Graham, Tatitlek & Valdez.

Due to the remote location of Nuuciq Spirit Camp within the Prince William Sound, inclement weather can occasionally affect scheduled travel.

If you are traveling from outside of Alaska, we highly recommend flexible travel fares or travel insurance.

Sessions

Please select the session that you wish to attend. Session availability varies depending on capacity and travel logistics. **Session 1:** July 5th - 12th, 2025 and **Session 2:** July 12th - July 19th, 2025.

- ☐ Session 1 – Only
- ☐ Session 2 – Only
- ☐ Both Sessions – No preference
- ☐ Both – Session 1 preference
- ☐ Both – Session 2 preference
- ☐ Only one session – No preference

Please select areas that you are interested in:

*Nuuciq Spirit Camp is operated as a community. Support from everyone on island is essential to our success. Volunteers will be assigned to help with the areas below. Please indicate the areas you are most interested in volunteering.

Program Support Areas

Medical Team
Attend Classes
Kitchen Support
Camp Sanitation

Teach a class

Subsistence
Beading
Sewing
Language
Dance
Boat Building
Kayaking
Other _____

We are excited about your interest in volunteering at Nuuciq Spirit Camp this year! Schedule accommodations will be taken into consideration to allow volunteers to attend classes and events of interest.

Selection Process: You will be notified of selection decisions after the application deadline starting on **May 7th**. Selection is based on results of the background check, travel logistics, and capacity.

Preference: Selection preference is given to Chugach shareholders, their descendants and spouses; and is based on camp need.



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Please share some information about yourself:

		Status
Education:		
Employment:		
Experience:		Number of Years
Relevant Skills:		

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 affiliated 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 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 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 21. Nuuciq Spirit Camp is a drug and alcohol-free environment, with a zero-tolerance policy.



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Volunteer Acknowledgements

_____ **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.

_____ The health history **I provided** 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 my health and safety.

_____ 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.

_____ **I understand** that Volunteers 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:** _____

General Medical History

Confidential (Authorized Personnel Only)

Should you require more space please use additional pages.

Employee'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 with a contagious disease on the date of travel to Nuuciq Spirit Camp (NSC) may be excluded from travel to NSC. Youth 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.

Employee Signature: _____ **Date:** _____



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[illegible]

Last Name

I understand **Sterling Infosystems Inc.'s** ("STERLING") investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted.

The nature and scope of the investigation sought is indicated by the selected services below: **(Employer Use Only)**

☒ Criminal Background Check☐ Education Verification☒ Sex Offender Search☒ SSN Trace/Address Locator☐ Employment Verification☐ OFAC/Terrorist Watch List☐ Motor Vehicle Report☐ Personal Reference Verification☐ Fraud & Abuse Control Info System (FACIS®)☐ Employment Credit Report☐ Professional License/Certification☐ Office of Inspector General Sanctions (OIG)☐ Other Please List:

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summaries of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify COMPANY within five business days of my receipt of the Report that I am challenging the accuracy of such information with STERLING.

I hereby consent to this investigation and authorize COMPANY to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

The name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is:

Sterling Infosystems, Inc. | 1 State Street, 24th Floor, New York, NY 10004 | 877-424-2457 | or | 5750 West Oaks Boulevard, Ste. 100
Rocklin, CA 95765 | 800-943-2589 | or | 6111 Oak Tree Boulevard, Independence, OH 44131 | 800-853-3228

☐ **California, Maine, Massachusetts, Minnesota, New Jersey & Oklahoma Applicants Only:** I have the right to request a copy of any Report obtained by COMPANY from STERLING by checking the box. (Check only if you wish to receive a copy)

☐ California, Colorado, Connecticut, Maryland, Oregon, Vermont and Washington State Applicants Only (AS APPLICABLE):

I further understand that COMPANY will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless: (i) the information is required by law; (ii) I am seeking employment with a financial institution (California, Colorado, Connecticut and Vermont only – in California the financial institution must be subject to Sections 6801-6809 of the U.S. Code and in Vermont it must be a financial institution as defined in 8 V.S.A. § 11101(32) or a credit union as defined in 8 V.S.A. § 30101(5)); (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland

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.

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.

Signature:

Today's Date:

For Office Use Only – User ID (optional)