

	<p>Nuuciq Spirit Camp 2012 Staff Application (18 years old and older) Chugach Alaska Corporation Attn: Cultural Resources Department 3800 Centerpoint Drive, Suite 601, Anchorage, AK 99503 P (907) 563-8866 F (907) 261-8885 T 1-800-858-2768</p>
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Staff Application Instructions and Information

Please keep these instructions

Nuuciq Spirit Camp Sessions (dates)

- Session I (July 9-16)
- Session II (July 16-23)

Please complete the requested information on the following pages after the Staff Application Instructions and Information:

- Shareholder talent bank
- General Medical History/Emergency Contact
- Travel Information/Shirt Size

Then please send via:

- Fax- (907) 261-8885
- Or**
- Mail- Chugach Alaska Corporation, Attn: Cultural Resources Department, 3800 Centerpoint Drive, Suite 601, Anchorage, AK 99503

For you to **keep** is the information containing:

- Staff Application Instructions and Information
- Check List of Items to Bring-This information will provide you an idea of what to bring out to Nuuciq Spirit Camp 2012.

Nuuciq Spirit Camp Contact Information:

Jared Selanoff-Cultural Resources Apprentice: (907) 550-4128; jared.selanoff@chugach-ak.com

Angelina "Zippy" Sawden-Cultural Resources Projects Coordinator: (907) 550-4554; angelina.sawden@chugach-ak.com

Please mail, fax or hand-deliver your completed application by April 6, 2012

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GENERAL MEDICAL HISTORY
Confidential (Authorized Personnel Only)

Volunteer NAME: _____ **DATE OF BIRTH:** _____

OPERATIONS/SERIOUS INJURIES: _____ **Date:** _____

ALLERGIES (list food, Drug, Other) food:

Does the camper need: Glasses ____ Inhaler ____ Hearing Aid ____ Other, please identify:

SPECIAL NEEDS: Describe special needs: i.e. dietary, allergies, activity, help with, etc. Be specific. Use separate page if necessary:

LIMITATIONS: List any activity or health limitations or restrictions:

MEDICATIONS: List medications sent to camp (must be in original container and prescribed by a licensed physician): **NAME**, **DOSAGE**, and **DIRECTIONS** (Use separate page if necessary):

Please list any OTHER health concerns (Use separate page if necessary):

Emergency Contact

Name		Relationship	
Street	City	State	Zip Code
Home Telephone	Business/Message Telephone	Email	

AUTHORIZATION

This health history is true and accurate as far as I know, 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 the calling in of a doctor 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.

SIGNATURE: _____ **Date:** _____

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Travel Information

Print Your Name (first, Middle initial, Last)	Departing from	Returning to	Who is traveling with you/ relation to you	Are you Their Escort?	Weight
			This line is for you.	This line is for you.	
Please add any travel notes to assure that you reach your destination:				Yes or No	
				Yes or No	
				Yes or No	
				Yes or No	
				Yes or No	

****Please **provide your weight**, this is important to Rural Travel.

Other Travel information

Mondays will be our scheduled travel day: *Weather permitting.*

Please put your name on all of your belongings: via name tags or permanent marker

Luggage Weight for Travel- Each traveler is allowed **50 lbs or under in luggage weight**, for example compact luggage, **unless authorized for special circumstances.**

Shirt Size

(Please circle the size you wear)		
Small	Medium	Large
X-Large	2X-Large	3X-Large
Other size _____		

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Check List of Items to Bring

Keep this list

Essential Gear

- Warm sleeping bag (temperature at night can get pretty cold (50-60 degrees).
- Change of clothes for 4 days-this includes warm jacket and sweatshirt
- Warm hat
- Walking/hiking boots and extra socks
- 2 towels, washcloth, & toiletries
- Rain gear (boots, water proof coat, umbrella) for rainy days

Recommended:

- Camera
- Shorts and swimsuit
- Binoculars
- Musical instrument
- Sleeping pad (bunks are very rustic and hard)

We encourage you to avoid bringing:

- electronic devices, i.e. radios or games

Do not Bring:

- firearms, explosives, fireworks
- alcohol/illegal drugs
- tobacco products, if 18 years old and under

Reminder:

Medication- If you require any regular medication, it needs to be in its original container and it must be turned over to the health care provider upon arrival for dispensing.

Please put your name on all of your belongings via nametag or permanent marker.

Luggage Weight for Travel- Each traveler is allowed **50 lbs or under in luggage weight**, for example compact luggage, unless authorized for special circumstances.

Last, but not least, bring yourself and plan on having a great time out at Nuuciq Spirit Camp.

Please mail, fax or hand-deliver your completed application by April 6, 2012

To qualify for Nuuciq Spirit Camp-all forms must be completed with required documents Page 4 of 4