

Nuuciq Spirit Camp Volunteer Application Instructions and Information 2012

Adult Volunteer application instructions-Application Deadline is April 6, 2012

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

Please complete the requested information on the following pages after the Nuuciq Spirit Camp Volunteer Application Instructions and Information 2012:

- Volunteer Application
- General Medical History/ Emergency Contact information
- Travel Information

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:

- Nuuciq Spirit Camp Volunteer Application Instructions and Information 2012
- 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



Nuuciq Spirit Camp 2012
Volunteer 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

Volunteer Application

First Name	Middle Initial	Last Name	Social Security Number	Date of Birth
Mailing Address		City	State	Zip Code
Home Phone #	Work/Message Phone	Cell Phone/Pager	Email	
CAC Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is your relationship to the CAC Shareholder: <input type="checkbox"/> Descendant <input type="checkbox"/> Spouse <input type="checkbox"/> Other		Related Shareholder Name and Phone Number:	
Village Corporation Shareholder <input type="checkbox"/> Yes <input type="checkbox"/> No If yes name of village corporation: _____			<input type="checkbox"/> Other ANCSA Regional Corporation Name:	

Please check the Sessions and job area's you want to **Volunteer** as during Nuuciq Spirit Camp

<input type="checkbox"/> Session 1 (July 9-16) <input type="checkbox"/> Session 2 (July 16-23) <input type="checkbox"/> Former Employee of Nuuciq Spirit Camp?	<input type="checkbox"/> CHA/CHP/EMT/PA/MD <input type="checkbox"/> Laborer <input type="checkbox"/> Youth Coordinator <input type="checkbox"/> Recreation <input type="checkbox"/> Kitchen <input type="checkbox"/> Traditional Counselor teaching: <hr/>	<p align="center">Shirt Size (Please circle the size you wear)</p> <p>Small Medium Large</p> <p>X-Large 2X-Large 3X-Large</p> <p>Other size _____</p>
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I understand that my service to Nuuciq Spirit Camp is voluntary. I hereby release and hold harmless from liability Chugach Alaska Corporation, its officers, employees, or other volunteers from any situations arising from my voluntary service. If selected for a voluntary appointment, I understand that prior to the end of my appointment; I may be released by the Camp Director or the Vice President of the Cultural Resources Department.

Volunteer Signature: _____ **Date of Signature:** _____

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 2 of 5

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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:** _____

***Please note that **weight is very important** for rural travel.



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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.

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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.

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