



Nuuciq Spirit Camp

CAC Elder's Application

This application is for Chugach Alaska Corporation Elders 62 years old and older.

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.

Elder's Full Name		Email		Primary Phone	
Mailing Address			City		State
Shareholder Status		If unaffiliated, explain			Shirt Size
Are you an enrolled tribal member of Chenega, Eyak, Tatitlek, Nanwalek, or Port Graham?					
Have you attended camp in previous years?			Would you like your travel itinerary mailed or emailed?		
Yes			No		

Emergency Contact Information

Name	Phone Number	Relationship

Travel Information

Departing from	Returning to	Weight	Are you escorting youth?

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. _____

Check Distribution:

Pick-up

Mailed

Authorize someone else to pick-up

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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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 5th- 12th, 2025

_____ Session 2: July 12th- 19th, 2025

Areas of Interest (circle all that apply)

Which of the following areas do you have experience that you would like to share?

Crafting	Beading & Sewing	Story Telling	Cooking
Dance	Subsistence	Boat Building	Language

Other areas not listed:

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.

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:

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)