

Volunteer Application Instructions and Information

Nuuciq Spirit Camp Sessions:

- Session I (July 13-20)
- Session II (July 20-27)

Application Requirements:

- **Application**
- **Shareholder Talent Bank**
- **General Medical History**
- **Background Check**
- **Descendant Registry**
- **Travel Information**

Send Completed Application To:

- **Fax:** (907) 261-8885
Or
- **Mail:** Chugach Alaska Corporation
Attn: Cultural Resources Department
3800 Centerpoint Drive, Suite 1200
Anchorage, AK 99503

Cultural Resources and Shareholder Services Specialist: (907) 550-4128

jared.selanoff@chugach.com

Cultural Resources Projects Coordinator: (907) 550-4554

angelina.roehl@chugach.com



Nuuciq Spirit Camp 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"/> 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 the Village Corporation: | | | | | | | <input type="checkbox"/> Other ANCSA Regional Corporation Name: | | | |
| <input type="checkbox"/> Session 1 (July 13-20) <input type="checkbox"/> Session 2 (July 20-27) <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 Assistant <input type="checkbox"/> Traditional Counselor Teaching: <hr/> | | | Shirt Size (Circle One) Small Medium Large X-Large 2X-Large 3X-Large Other size: | | | | |

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

Signature: _____ **Date:** _____

Please mail, fax or hand-deliver your completed application by April 3, 2015.
To qualify for Nuuciq Spirit Camp all forms must be completed with required documents.



Shareholder Talent Bank Form

Chugach Alaska Corporation

Attn: Shareholder Development Department; 3800 Centerpoint Drive Suite # 700, Anchorage, AK 99503-5826

| | | | | | |
|---|--|---|--|--|---|
| Last Name | | First | Middle Initial | Social Security Number | Birth date |
| Street or 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 | | 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: _____ | | |
| Current Drivers License <input type="checkbox"/> Yes <input type="checkbox"/> No Clean Driving Record <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No Where: <input type="checkbox"/> Alaska Only <input type="checkbox"/> Out of State | | |
| NUUCIQ SPIRIT CAMP - Please check all position interested in and complete the CAC Employment Application. | | | | | |
| <input type="checkbox"/> Session 1 | | <input type="checkbox"/> Session 2 | | <input type="checkbox"/> Former Employee of Nuuciq Spirit Camp | <input type="checkbox"/> Volunteer (18 and older) |
| Positions Available: (Please check one) <input type="checkbox"/> Recreation <input type="checkbox"/> Laborer <input type="checkbox"/> Youth Coordinator <input type="checkbox"/> CHA/CHP/PAMD <input type="checkbox"/> Program Coordinator Asst. <input type="checkbox"/> Kitchen <input type="checkbox"/> Traditional Counselor Teaching: _____ | | | | Adult Shirt Size: (please circle one) Small Medium Large X-Large Other: _____ | |
| Type of work schedule desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary Rate of pay desired: _____ Site location: _____ | | | | | |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Administration | <input type="checkbox"/> Business Development | <input type="checkbox"/> Communications | <input type="checkbox"/> Heritage Foundation | |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Lands | <input type="checkbox"/> Legal | <input type="checkbox"/> Management | |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Procurement | <input type="checkbox"/> Shareholder Services | <input type="checkbox"/> Shareholder Dev. | <input type="checkbox"/> Travel | |
| Area of interest : | | | | | |
| TRAINING OPPORTUNITES | | | | | |
| <input type="checkbox"/> Internship | | <input type="checkbox"/> Apprenticeship | | <input type="checkbox"/> TWOW | <input type="checkbox"/> Other |
| ADMINISTRATIVE | | | | | |
| <input type="checkbox"/> 10 Key SPM _____ | | <input type="checkbox"/> Controller | | <input type="checkbox"/> Project Deputy | |
| <input type="checkbox"/> A/P Technician | | <input type="checkbox"/> Data Entry | | <input type="checkbox"/> Proof Reader | |
| <input type="checkbox"/> A/R Technician | | <input type="checkbox"/> Facility Support | | <input type="checkbox"/> Proposal Specialist | |
| <input type="checkbox"/> Accountant | | <input type="checkbox"/> File Clerk | | <input type="checkbox"/> Receptionist /Switchboard | |
| <input type="checkbox"/> Accounting Clerk | | <input type="checkbox"/> G/L Technician | | <input type="checkbox"/> Risk Specialist | |
| <input type="checkbox"/> Administer Contracts | | <input type="checkbox"/> Grant Writer | | <input type="checkbox"/> Security Specialist | |
| <input type="checkbox"/> Administrative Assistant | | <input type="checkbox"/> Human Resources | | <input type="checkbox"/> Supervise/Train Personnel | |
| <input type="checkbox"/> Analyze Statistical Information | | <input type="checkbox"/> Inventory Control | | <input type="checkbox"/> Tax Specialist | |
| <input type="checkbox"/> Benefits Technician | | <input type="checkbox"/> Job Cost | | <input type="checkbox"/> Transcriptions | |
| <input type="checkbox"/> Billing Technician | | <input type="checkbox"/> Paralegal | | <input type="checkbox"/> Typing WPM _____ | |
| <input type="checkbox"/> Business Development | | <input type="checkbox"/> Payroll Technician | | <input type="checkbox"/> Word Processing | |
| <input type="checkbox"/> Clerical | | | | | |

| | | |
|---|---|---|
| COMPUTER SKILLS <input type="checkbox"/> AS400 <input type="checkbox"/> A+ <input type="checkbox"/> Adobe PageMaker <input type="checkbox"/> Auto Cad <input type="checkbox"/> Cold Fusion <input type="checkbox"/> Corel/DRAW <input type="checkbox"/> CRM <input type="checkbox"/> Desk Top Publishing <input type="checkbox"/> E-mail | <input type="checkbox"/> Freelance Graphics <input type="checkbox"/> Flash <input type="checkbox"/> Macintosh Computer <input type="checkbox"/> MS Access <input type="checkbox"/> MS Excel <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> MS Project <input type="checkbox"/> MS Publisher <input type="checkbox"/> MS Word | <input type="checkbox"/> Novell <input type="checkbox"/> ORACLE <input type="checkbox"/> Quark Xpress <input type="checkbox"/> Unix <input type="checkbox"/> Scanning <input type="checkbox"/> VMS <input type="checkbox"/> WinNT/2000 <input type="checkbox"/> WordPerfect |
| CERTIFICATE/ LICENSE <input type="checkbox"/> Asbestos Abatement <input type="checkbox"/> CDL Class A <input type="checkbox"/> CDL Class B <input type="checkbox"/> CDL Class C <input type="checkbox"/> Certified Forklift Driver <input type="checkbox"/> Confined Space <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> Food Handler Certificate <input type="checkbox"/> HAZWOPER 24 <input type="checkbox"/> HAZWOPER 40 <input type="checkbox"/> Journeyman Carpenter <input type="checkbox"/> North Slope Training Card <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> OSHA 10-hr. | <input type="checkbox"/> Painter Certificate 8 hr/16 hr <input type="checkbox"/> Passport <input type="checkbox"/> Six Pack Certificate <input type="checkbox"/> Secret Security Clearance <input type="checkbox"/> Sprinkler Pipe fitter <input type="checkbox"/> Welder |
| TECHNICAL <input type="checkbox"/> AN/GRN-29 <input type="checkbox"/> Airplane Pilot <input type="checkbox"/> Alarm Systems Technician <input type="checkbox"/> Building Inspector <input type="checkbox"/> Civil Engineer <input type="checkbox"/> Electronics Technician <input type="checkbox"/> Electrical Engineer <input type="checkbox"/> Environmental Technician | <input type="checkbox"/> FARS/Government Contracts <input type="checkbox"/> Horticulture <input type="checkbox"/> Instrumentation Technician <input type="checkbox"/> Land & Resources Specialist <input type="checkbox"/> Logistic Engineer <input type="checkbox"/> Mechanical Engineer <input type="checkbox"/> METNAV | <input type="checkbox"/> NAVAIDS <input type="checkbox"/> Nurse <input type="checkbox"/> Project Manager <input type="checkbox"/> Power Plant Operator <input type="checkbox"/> QC/Safety <input type="checkbox"/> Telecommunications Mechanic <input type="checkbox"/> Water Plant <input type="checkbox"/> Web Developer |
| CRAFT <input type="checkbox"/> Boat Operator <input type="checkbox"/> Billeting <input type="checkbox"/> Blueprint/Schematics <input type="checkbox"/> Boiler Plant Operator <input type="checkbox"/> Buyer/Purchaser <input type="checkbox"/> Captain 100T <input type="checkbox"/> Captain 200T <input type="checkbox"/> Construction Codes <input type="checkbox"/> Carpenter <input type="checkbox"/> Carpenters Helper <input type="checkbox"/> Construction Estimator <input type="checkbox"/> Cook <input type="checkbox"/> Cook, Prep | <input type="checkbox"/> Diesel Engineer <input type="checkbox"/> Dormitory Supervisor <input type="checkbox"/> Drum Dollies <input type="checkbox"/> Electrician <input type="checkbox"/> Electrician-Maintenance <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Food Service Worker <input type="checkbox"/> General Labor <input type="checkbox"/> Ground Maintenance <input type="checkbox"/> Hand Truck <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Heavy Equip. Operator <input type="checkbox"/> Housekeeper | <input type="checkbox"/> HVAC Technician <input type="checkbox"/> Hydraulics <input type="checkbox"/> Janitor <input type="checkbox"/> Lift 50 Pounds, Plus <input type="checkbox"/> Lift up to 50 Pounds <input type="checkbox"/> Liquid Fuel Mechanic <input type="checkbox"/> Maintenance Technician <input type="checkbox"/> Material Coordinator <input type="checkbox"/> Mechanic <input type="checkbox"/> Pest Control <input type="checkbox"/> Plumber/Pipe Fitter <input type="checkbox"/> Radio Dispatch <input type="checkbox"/> Spill Response <input type="checkbox"/> Warehouse Specialist |

Thank you for filling out the "Shareholder Talent Bank Form". The Talent Bank Form is not an application for employment it is an internal tool provided to shareholders, descendants and spouses of shareholders of Chugach Alaska Corporation, for the purpose of assisting and finding potential employment opportunities within the organization". Completing this form does not guarantee an employment offer.

Signature

Date signed

Please provide a resume or CAC Employment Application with this Shareholder Talent Bank Form.

Confidential Authorized Personnel Only

Should you need more room, please attach explanations, along with each participant's immunization records.

Last Name: _____ First Name: _____ Middle Initial: _____

Operations/Serious Injuries: _____ Date: _____

Limitations and Special Requirements: Dietary needs, allergies, restrictive activity, etc.:

Medications: List medication's Name, dosage, and directions: _____

Other health concerns: _____

Emergency Contact Information

| | | |
|-------------------|-------------------|-------------------------|
| Last Name: _____ | First Name: _____ | Middle Initial: _____ |
| Address: _____ | City: _____ | State: _____ Zip: _____ |
| Home Phone: _____ | Cell: _____ | Email: _____ |

- I understand that 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 the calling in of a doctor and/or providing of other necessary medical services. If medical attention is required, other than that provided by the camp's insurance coverage, I will pay for incurred expenses.

Signature: _____ Date: _____



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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)** (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.

Signature:

Today's Date:



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[Empty grid for Group ID]

For Office Use Only - Group ID (optional)

C H U A K [Empty grid for User ID]

For Office Use Only - User ID (optional)

[Empty grid for Location / Store #]

For Office Use Only - Location / Store # (optional)

[Empty grid for First Name]

[Empty grid for Middle Name or Initial]

First Name

Middle Name or Initial

[Empty grid for Last Name]

[Empty grid for Date of Birth]

Last Name

Date of Birth (MMDDYYYY)

[Empty grid for Other Names Known By]

Other Names Known By

Male

Female

[Empty grid for Social Security Number]

[Empty grid for Primary Telephone Number]

Social Security Number

Primary Telephone Number (no dashes)

[Empty grid for Current Address]

[Empty grid for Apt #]

Current Address

Apt #

#yrs at this address

[Empty grid for City]

[Empty grid for State]

[Empty grid for Zip Code]

City

State

Zip Code

[Empty grid for Previous Address]

[Empty grid for Apt #]

Previous Address

Apt #

#yrs at this address

[Empty grid for City]

[Empty grid for State]

[Empty grid for Zip Code]

City

State

Zip Code

[Empty grid for Driver's License Number]

[Empty grid for License State]

Driver's License Number (no dashes)

License State

[Empty grid for Email Address]

Email Address

[Empty grid for Signature]

[Empty grid for Date]

Signature

Date



Signature

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit 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.ftc.gov/credit.



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- **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 1-888-5-OPTOUT (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.ftc.gov/credit.

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. Federal enforcers are:

| TYPE OF BUSINESS: | CONTACT: |
|---|--|
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357 |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture |

Chugach Descendant Registration Form & Application

Chugach Alaska Corporation & Chugach Heritage Foundation are collecting this information to improve communications with descendants who may become CAC Shareholders and/or be eligible for scholarships and other important benefits.

DESCENDANT INFORMATION - PART 1

| | |
|-----------------------|---|
| Name: | |
| Middle Name: | |
| Last Name: | |
| Date of Birth: | |
| Enrollment #: | <i>If born after Dec. 17, 1971 - please use descendant's Birth Date, i.e. 12-18-1971)</i> |

| | |
|-------------------------|--|
| Address Line 1: | |
| Address Line 2: | |
| City: | |
| State/Province: | |
| Postal Code: | |
| Phone: | |
| Alternate Phone: | |
| Email Address: | |

Custodian Name & Address (if younger than 18 years old):

ORIGINAL SHAREHOLDER INFORMATION - PART 2

Please identify one original shareholder from whom the applicant is descended.

| | |
|---------------------|-------|
| Name: | _____ |
| Middle Name: | _____ |
| Last Name: | _____ |

Date of Birth: _____

Email Address: _____

(Registration
Receipt is sent
here)

Enrollment #: _____

Relationship to
Applicant: _____

PRIVACY PROMISE: This information is confidential and will only be used for CAC & CHF purposes. It will not be sold, distributed or used for any other purpose. Descendants may review, update or remove their personal information from this descendant database by contacting CAC Shareholder Services at: (907) 563-8866.

CERTIFICATE OF INDIAN BLOOD (CIB) & BIRTH CERTIFICATE ATTACHMENT – PART 3

You must mail or fax your Certificate of Indian Blood (CIB) and Birth Certificate to complete this Descendant Registration process. All originals will be sent back.

Mail or Fax to: Chugach Alaska Corporation, Shareholder Services, 3800 Centerpoint Drive, Ste 1200, Anchorage, Alaska 99503 or Fax: (907) 550-4147.

CERTIFICATION AGREEMENT & SIGNATURE – PART 4

1. The company and other persons or employers are released from all liability brought forth by any investigation resulting from my submission of this electronic application and the data contained here in.
2. The information in this application is true and complete to the best of my knowledge. Any falsification, misrepresentation, or omission on this application can be cause for denial or termination of being registered as a shareholder descendant.
3. In order to complete this descendant registration, I will need to mail or fax in a Certificate of Indian Blood (CIB) and a Birth Certificate for each applicant.
4. I have read and reviewed the information provided in this application and the above statements. By signing this application for registration of a shareholder descendant I certify that I understand all parts of it and have answered all questions completely and fully.
5. I understand that my Social Security Number (SSN) and my descendants SSN number will not be submitted electronically through this application for safety and identity theft prevention measures. Please do not email this information to our office.
6. I understand that by typing my name in the signature box below and submitting this application electronically, this becomes a legal and binding contract of registration.

Shareholder or Descendant Signature: _____ **Date:** _____

OFFICE USE ONLY:

| | |
|-------------------|--|
| Reviewed: | |
| Follow-Up needed: | |
| Approval Status: | |

Travel Information

| Name | Departing From | Returning To | Traveling With | Are you an Escort | Weight |
|-------------|-----------------------|---------------------|-----------------------|--------------------------|---------------|
| | | | | Yes or No | |
| | | | | Yes or No | |
| | | | | Yes or No | |

Travel Notes: _____

Other Travel information

Mondays are scheduled travel days, weather permitting. Please put your name on all of your belongings. Each traveler is allowed **50 lbs.** of luggage.

Items to Bring

- Sleeping Bag and Pillow
- Sleeping Pad
- Enough Clothes for 5 Days for Both Warm and Cold Weather
- Rain Gear
- Hiking Boots
- Two Towels and Toiletries
- Flash Light
- Camera
- Insect Repellant
- Back Pack
- Water Bottle