



Culture*Leadership*Careers
CHENEGA FUTURE, INC.

August 9-14, 2020 for grades 7,8,9
August 9-15,2020 for grades 10,11,12

ENROLLMENT & PERMISSION FORMS

Dear Student, Parent or Guardian,

FUTURE QUEST! 2020 will be held at the Chugach School District's Voyage to Excellence facility at 9312 Vanguard Drive, Anchorage, Alaska. Transportation, lodging, and meals will be provided. See the enclosed agenda for activities.

Please fill out one complete form for each student and return by **Friday, 7 June 2020**, to secure your spot, and travel arrangements can be made. Registration is limited to the first 26 students that sign up. The camp fills up quickly, so do not delay!

2020 Application Checklist

Please make sure the forms listed below are signed by the student and the parent/guardian and are included in your application package. (Incomplete applications could delay your acceptance.)

- Student Eligibility Information Page 2
- Copy of your CIB and Birth Certificate (if you are a new Future Quest! Student)
- Student & Parent Travel Agreement Page 3
- Medical Permission Form Page 4
- CFI - VTE Expectations Page 5
- Student Information Worksheet Page 6
- Resume Worksheet Page 7

Mail to: Chenega Future, Inc.
Future Quest!
3000 C Street, Suite 301
Anchorage, Alaska 99503

Fax to: (907)-569-6939

Email:

shareholderdevelopment@chenegafuture.com

Questions: (907) 569-6923 or 1 (888) 442-5388



Student Eligibility Information

Date: _____

T-Shirt Size: Small Medium Large X-Large XX-Large

Name:		
Date of Birth		Age
Mailing Address:		
City		State Zip Code
Phone Number		Cell Phone Number
Parent Email Address		Student Email Address
What grade will you be in when school started Fall 2019?		I am currently a Chenega Shareholder
		<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a direct (first generation) descendent of (Please name the Chenega shareholder of whom you are a descendant.)		

FAMILY TREE

Mother's Side	Great Grandparents		Father's Side		
Mother's Side	Grandparents		Father's Side		
Mother's Full Name	Parents		Father's Full Name		
Brothers and Sisters (full names) and ages					
Name		Age	Name		Age

- This is my first time attending - please submit copies of your birth certificate and CIB card.
- I have attended Future Quest! before.



Student & Parent Travel Agreement

Student Last Name	Student First Name	Date

As a participant of a Chenega Future, Inc. VTE sponsored activity requiring travel, I agree to the following:

1. Student will represent family and communities in a mature, responsible manner at all times. Student will not use or have in his/her possession drugs, tobacco, or alcohol at any time.
2. Student will stay with the group/chaperone at all times, unless special permission is received.
3. The Participant wishes to be released from liability to any other participants, staff members of VTE and Chenega Future, Inc. arising out of acts or events which occur during the course of preparing for or participating in travel/field trip programs and, accordingly, willing releases the other participants, staff members of Voyage to Excellence and Chenega Future, Inc. from such liability. The Participant agrees to release and hold harmless Voyage to Excellence and Chenega Future, Inc., its staff, faculty, instructors, and students.
4. Student agrees to bring only one bag weighing 50 lbs. (or less) and only one authorized carry-on. Yes No
5. Student will put tags and names on all luggage. If my bag is overweight or I bring extra bags, I will personally cover these costs.
6. Students up to age 12 MUST have an airline escort to assist them through the airport and on and off the plane. Students ages 13 or older can request an escort, if desired.
7. My son/daughter needs/requests an airline escort. Yes No

Please provide the names of people to whom the student can be released:

Departure Names (Note: Picture ID must be available at both pick up and departure):
Return Names (Note: Picture ID must be available at both pick up and departure):

8. I, _____ (parent or guardian) understand that my son/daughter may participate in any tape recording, video recording, and photography that may become part of materials or products that could be used by Voyage to Excellence, Inc. and Chenega Future, Inc.

<input type="checkbox"/> I GIVE my permission	<input type="checkbox"/> I DO NOT give my permission
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As the Student, by signing below, I am agreeing to the above terms and conditions and I agree to follow all rules and treat everyone with respect and courtesy.

Student Signature	Date

As the Parent/Guardian, by signing below, I am agreeing to the above terms and conditions and give my permission for my student to participate in the CFI and VTE sponsored **FUTURE QUEST!** program. Further, I understand that my child may be sent home if he/she violates any rules or policies under this CFI or VTE sponsored program and that I am responsible for the cost of his/her return.

Parent/Guardian Signature	Date



Medical & Emergency Permission Form

Student Last Name	Student First Name	Date

By signing below, I am giving my permission for my student to obtain medical care, or to stay with an Anchorage family, in the event that such care is necessary. If possible, the parent(s) or guardian will be contacted in the event of an emergency. Permission is hereby granted to a licensed physician or accredited hospital and their associates to perform any medical and/or surgical procedures that are deemed essential to the treatment of the below named individual.

Brief Medical History:

Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergy Medications	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes Medications	
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy Medications	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Medications	

Other special medical needs:	
Any other pertinent information:	
Any other medicine requirements:	

Parent/Guardian Name	Home Phone	Work Phone	Cell Phone

Emergency Contact	Home Phone	Work Phone	Cell Phone

Insurance Information:

Is Student/Participant covered by medical insurance? Yes No. If YES, fill out the following information:

Insurance Provider	Account/Plan Number

Does the student/participant have a copy of the insurance card? Yes No.

Anchorage family I friend contact where my child can stay if the plane is weathered out:

I understand that bad weather is a reality in Alaska. Sometimes the plane or boat cannot get students home on the assigned day. My child has permission to stay overnight in Anchorage with:

Parent/Guardian Name	Home Phone	Work Phone	Cell Phone

(Please be sure to contact this person ahead of time to make sure your child can stay with them.)

Parent/Guardian Signature	Date



CFI & VTE Expectations

(To be reviewed, understood, and signed by all participants)

Student Last Name	Student First Name	Date

BEHAVIORS AND EXPECTATIONS:

You are representatives and ambassadors for your schools, teachers, families, selves, and communities. You are expected to conduct yourself in a responsible and mature manner at all times.

- ✓ Respect other students, staff and facilities
- ✓ Make sure a staff member is always aware of your whereabouts
- ✓ Take responsibility for your choices and actions
- ✓ Clean up after yourself in all areas
- ✓ Actively participate in all areas
- ✓ Maintain a positive and upbeat attitude or employ healthy coping strategies
- ✓ Be ready to give 100%- it 'your future!

VISITATION: FUTURE QUEST! activities are extensions of the classroom; not a time to go shopping and visit relatives.

FACILITY MAINTENANCE:

- ✓ Make your bed every morning.
- ✓ Chore assignments will be selected/assigned and are mandatory.
- ✓ Clean up after yourself in all areas.
- ✓ Wash your hands at every rest room visit as well as before food handling/preparation.
- ✓ Treat furniture with the utmost care. Report any damage to a staff member immediately.

CHANGING ROOMS /QUIET HOURS:

- ✓ Room assignments do not change.
- ✓ Students need to be in their wings by 10:00 PM.
- ✓ Lights out at 10:30 pm. Students should be quiet and in bed. After lights are out, students are not to leave their own wing of the building until breakfast time (unless using the restroom).

THEFT:

Student Signature	Date
Parent/Guardian Signature	Date

VTE is not responsible for replacing lost or stolen valuables. A safe is available for your valuables.

PERSONAL PHONE USAGE:

Phone usage will be limited to evenings. Calls will need to be under ten minutes and limited to one call per evening. When making a long-distance phone call you will need to use a phone card, credit card, or call collect.

MEDICATION:

All medications (including over the counter) will be dispensed by VTE staff. Please turn in all medications when checking in.

NON-NEGOTIABLES:

Willful violation of any non-negotiable will result in immediate disciplinary actions. If dismissal from the program is required, the expedited return home will be at the expense of parent or guardian.

- ✓ Consumption or possession of alcoholic beverages
- ✓ Consumption or possession of controlled substances or the use of tobacco
- ✓ Being out-of-bounds in a non-emergency situation
- ✓ Purposely defacing or destroying Voyage to Excellence property
- ✓ Body piercing, hair dyeing, tattoos, etc. while participating at Future Quest
- ✓ Possession of weapons at Future Quest, including any kind of knife
- ✓ Inappropriate public displays of affection
- ✓ Inappropriate use of the internet and computers
- ✓ Refusing to turn in technology when asked

Willful violation of any non-negotiable rule will result in automatic and immediate dismissal from the program with an expedited return home at your parent or guardian's expense.



Student Information Worksheet

To be completed by the student

Student Last Name	Student First Name	Date
School Name	Grade Starting Fall 2020	Birth Date
Cell Phone Number	Email Address	

List 3 things you like to do.

1.	
2.	
3.	

List 3 things you really don't like to do.

1.	
2.	
3.	

List your 3 strongest personal traits or characteristics.

1.	
2.	
3.	

List 3 personal traits or characteristics you would like to improve.

1.	
2.	
3.	

List 1 thing you could teach someone else.

1.	
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Think of someone you admire. List the reasons you admire this person.

1.	
2.	
3.	

JOB SHADOW CHOICES – Rate your TOP 3 Choices with 1, 2 and 3

	Agriculture, Food, Natural Resources		Hospitality & Tourism
	Architecture & Construction		Human Services
	Arts, Audio/Visual Tech, Communications		Information Technology
	Business Management & Administration		Law, Public Safety, Corrections
	Education & Training		Marketing
	Finance in Manufacturing		Science, Technology, Engineering and Math
	Government & Public Administration		Transportation, Distribution, & logistics
	Health Sciences		



Resume Worksheet

To be completed by the student

Student Last Name	Student First Name	Date

Do you have a resume? Yes No. (If "YES" then attach and mail to: Chenega Future Address)

If you **DO NOT HAVE A RESUME**, then fill this worksheet before you send it in.

Mailing Address:		
City	State	Zip Code
Phone Number	Cell Phone Number	
Schools Attended		
Anticipated High School Graduation Date		
Work Experience		
Employer Name, Address, City, State, Zip, Phone Number, Dates of Employment (Month/Year to Month/Year)		
Position Held		
Job Responsibilities		
Employer Name, Address, City, State, Zip, Phone Number, Dates of Employment (Month/Year to Month/Year)		
Position Held		
Job Responsibilities		



Employer Name, Address, City, State, Zip, Phone Number, Dates of Employment (Month/Year to Month/Year)	
Position Held	
Job Responsibilities	
Specialized Skills	
Certifications/Awards/Memberships (Include Dates)	
Community and Volunteer Activities (Include Dates)	
List two (2) references, other than the employers noted above	
Name	
Title	
Address	
Phone	
Email	
Name	
Title	
Address	
Phone	
Email	

Have you ever interviewed for a job? Yes No

Have you ever filled out an employment application? Yes No