

# \*11<sup>th</sup> Annual FUTURE QUEST! \*

For Shareholders and Descendants ages 11-18 who are enrolled in school and entering grades 7<sup>th</sup>-12<sup>th</sup>.

**August 11-16, 2019 for grades 7,8,9**  
**August 11-17, 2019 for grades 10,11,12**

**Culture\*Leadership\*Careers**  
**CHENEGA FUTURE, INC.**



## ENROLLMENT & PERMISSION FORMS

Dear Student, Parent or Guardian,

**FUTURE QUEST!** 2019 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, June 7<sup>th</sup>, 2019** so that you 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!



## FUTURE QUEST!

### 2019 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 p. 2
- \_\_\_\_\_ Copy of your CIB and Birth Certificate  
(if you are a new Future Quest! student)
- \_\_\_\_\_ Student & Parent Travel Agreement p.3
- \_\_\_\_\_ Medical Permission Form p. 4
- \_\_\_\_\_ CFI - VTE Expectations p. 5
- \_\_\_\_\_ Student Information Worksheet p. 6
- \_\_\_\_\_ Resume Worksheet p. 7

**Mail to:** Chenega Future, Inc.  
Future Quest!  
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Anchorage, Alaska 99503

**Fax to:** (907)-569-6939

**Email:**  
[shareholderdevelopment@chenegafuture.com](mailto:shareholderdevelopment@chenegafuture.com)

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

**7 pages' total**

# FUTURE QUEST! 2019

## Student Eligibility Information

Date: \_\_\_\_\_ T-shirt size: (S) (M) (L) (XL) (XXL)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Parent email address: \_\_\_\_\_

Student email address: \_\_\_\_\_

I will be in the \_\_\_\_\_ grade when school starts Fall, 2018.

\_\_\_\_\_ I am currently a Chenega Shareholder \_\_\_\_\_ (yes/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	<b>Great Grandparents</b>	Father's side
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Mother's side	<b>Grandparents</b>	Father's side
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### Parents

Mother's full name	Father's full name
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Brothers and Sisters (full names) and ages

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\_\_\_\_\_ This is my first time attending - please submit copies of your **birth certificate** and **CIB card**.

\_\_\_\_\_ I have attended Future Quest! before.



# FUTURE QUEST! 2019

## Medical / Emergency Permission Form

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.

**Student Name:** \_\_\_\_\_

***Brief Medical History:***

Allergies: \_\_\_\_\_ Allergy medicines (if any): \_\_\_\_\_

Diabetes: \_\_\_\_\_ (yes/no) Medication: \_\_\_\_\_

Epilepsy: \_\_\_\_\_ (yes/no) Medication: \_\_\_\_\_

Other special medical needs: \_\_\_\_\_

Any other pertinent information: \_\_\_\_\_

Any other medicine required: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone (Home): (    ) \_\_\_\_\_ Phone (Work): (    ) \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Phone (Home): (    ) \_\_\_\_\_ Phone (Work): (    ) \_\_\_\_\_

**Insurance Information**

Is Student/Participant covered by medical insurance?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please fill out the following information:

Insurance Provider: \_\_\_\_\_ Account No \_\_\_\_\_

Does Student/Participant have copy of the insurance card? \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Anchorage family / 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:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

# FUTURE QUEST!

## 2019

### CFI & VTE Expectations

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

#### 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 aware of your whereabouts at all times
- 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's 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 10:00pm.
- 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:

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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FUTURE QUEST! 2019

## Student Information Worksheet

*To be completed by the student*

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade (Starting Fall 2018): \_\_\_\_\_ Birth date: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. List 3 things you like to do.

\_\_\_\_\_

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

\_\_\_\_\_

3. List your 3 strongest personal traits or characteristics.

\_\_\_\_\_

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

\_\_\_\_\_

5. List 1 thing you could teach someone else.

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Job shadow choices** – please number your top 3 job-shadow choices, with #1, 2, 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, security

\_\_\_\_ Education & training

\_\_\_\_ Manufacturing

\_\_\_\_ Finance

\_\_\_\_ Marketing

\_\_\_\_ Government & public administration

\_\_\_\_ Science, technology, engineering and math

\_\_\_\_ Health sciences

\_\_\_\_ Transportation, distribution, & logistics

# FUTURE QUEST!

## 2019

### Resume Worksheet

To be completed by the student

Do you have a resume? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If "Yes" then attach and mail to: Chenega Future Address)

If you **don't have a resume**, then please fill this worksheet **before** you send it in.

Name \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

School(s) attended: \_\_\_\_\_

Anticipated High School Graduation Date: \_\_\_\_\_

Work Experience (include employer and address, dates and duties)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Awards and Memberships (include dates)

Community and Volunteer Activities (include dates)

References (other than employers listed above)

Name \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Have you ever interviewed for a job? (YES / NO)

Have you ever filled out an employment application? (YES / NO)