



MUAISA HALE PULE SHAMANIC REBIRTH APPLICATION FORM (FOR GUESTS AND KAMA'AINA)



Aloha and welcome! How wonderful that you found us online, and that you are now taking the next proactive step towards participating in our once-in-a-lifetime Shamanic 'Life Purpose' Rebirth. The intention of this form is to help us establish an understanding of who you are and to clarify your understanding of what our one-on-one shamanic tutorial entails.

Upon receipt of your completed form along with **(i) a copy of your state- or federally-issued photo ID and (ii) a real-time, color head/shoulders 'selfie' shot with your eyes open and unobstructed (no glasses)**, Shaman will perform an aura reading and Medicine Card Sun Lodge spread. This approach and the requested documents give us a headstart in preparing for your involvement. To this end, we appreciate your taking the time and care to fill in the requested information below as clearly, concisely and legibly as possible. (Attach extra pages if you care to.)

First Name: _____ Last Name: _____

Home phone: _____ Mobile Phone: _____

What timezone are you in? _____ Email: _____

Permanent Home Address, including postal code and country:

Date of Birth: ____ day ____ mo ____ year Gender _____ Age: ____ (must be 18+)

U.S. Citizen ____ Resident ____ Alien ____ Other (Specify): _____

Relationship status: [☐] Single [☐] Married [☐] Divorced [☐] Separated [☐] Partnered [☐] Living Together

Highest level of formal education you've completed: ____ Grade School ____ High School Graduate
____ College Degree ____ Master's Degree ____ PhD/MD/JD ____ Other Degree _____

Areas of study: _____

Your occupation: _____

Other interests: _____

Please indicate the dates for which you are applying. (There is no pre-set schedule. Depending upon availability on both sides of the equation, you choose your own start date.)

Suggested donation of \$1,750 (\$1,500 student) includes 2 NHNAC certificates + 1 photo ID card

Dates: _____ to _____ 10-day to 2-week Shamanic 'Life Purpose' Rebirth
(Program requires 8 -9 weekdays to complete as it is not offered on Saturdays or Sundays.)

Alternate dates choice (if reservation has not yet been confirmed) _____ to _____

Please answer the questions that follow to help us understand more about you, and why you would like to join us at this time. Attaching additional pages is encouraged if you feel it is necessary.

1. How did you hear about Muaisa Hale Pule? Please list specific websites, search engines, or persons, if applicable. _____

2. Please share some insights about yourself. Where are you in your personal journey? What interests you most about Muaisa Hale Pule?

3. What leads you to this program at this point in time? What goals do you want to accomplish? What do you want to learn and experience? _____

For the sake of the intangible, personal benefits you will be gleaning from this program, it is recommended that if there are other seminars, trainings or workshops you plan to attend while in Hawaii, you arrange for Muaisa Hale Pule to be your “last stop.”

4. Given that our shamanic lodge sits atop one of Earth’s 10 major vortices, that energies here are magnified, that things tend to “come up” here, that emotions are often tested here, and that prayers and intentions made here are transmitted to the rest of the world and beyond, please tell us:

(a) If you had the power to change one thing in the world, what would it be?

(b) If you had the power to change something about your inner self, what would that be?

5. What do you believe “shamanism” is? _____

6. What do you expect applying shamanic practices to your life will initiate for you?

PHYSICAL HEALTH: Because we are located in a rural area of a remote island with limited access to emergency services, because everyone who comes here is responsible for their own level of fitness, wellness, and health care treatment and costs, and because Step #6 of the shamanic program involves an “off-the-path” eco-adventure that will be geared to your level of physical health, it is important for us to be aware of any past or current health conditions you may have.

7. Please identify below any physical conditions you have received treatment for in the past six (6) years:

- | | | |
|--|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Heart conditions |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Chronic Fatigue |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Anorexia or Bulimia | <input type="checkbox"/> Binge Eating Disorder |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Physical Injuries |
| <input type="checkbox"/> Back pain or injuries | <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Migraines/Headaches |
| <input type="checkbox"/> Brain/Head injuries | <input type="checkbox"/> Sleep Apnea | <input type="checkbox"/> Other _____ |

(a) Are you pregnant? ☐ Yes ☐ No (b) Is there any chance you may be pregnant? ☐ Yes ☐ No

If you checked any “Yes” boxes above in question # 7 above, please elaborate here:

8. Muaisa Hale Pule is located upcountry on Hawaii’s Kona Coast in a fairly rural setting. Living amidst this much nature atop one of the world’s major vortices can sometimes trigger mental/emotional challenges for people who are not used to it. For this reason, it is important that we be aware of your past or current mental health issues. Please indicate if you have experienced any of the following in the past five (5) years:

- | | | |
|---|---|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Panic attacks |
| <input type="checkbox"/> Bipolar Depression | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Post Traumatic Stress |
| <input type="checkbox"/> Suicidal thoughts/feelings | <input type="checkbox"/> Addiction to alcohol | <input type="checkbox"/> Addiction to drugs of any kind |
| <input type="checkbox"/> Social Anxiety | <input type="checkbox"/> Other _____ | |

f you checked any of the boxes above in question #8 above, please elaborate below with details, symptoms, treatment, hospitalization, and present condition.

9 Keeping with Muaisa Hale Pule's focus on healing and spirituality, we require that ***all enrolled in the Shamanic Rebirth Program refrain from drinking alcohol, using recreational drugs, or utilizing tobacco in any form -- both on and off premises -- throughout the duration of their 10-day to 2-week program.*** Please describe your past and current usage of alcohol, recreational drugs and/or psychoactive substance, and/or tobacco (spiritual or otherwise),

10. In order to be certified as a NHNAC Healer/Medicine Woman or Medicine Man in conjunction with the program, you will need to place yourself in one or more of the categories below. Please check the category or categories below with which you most closely resonate, and explain your choice(s) in the space provided that follows.

- ☐ As a Healer of people or animals. These are Medicine Women and Men whose focus is in relieving the suffering of people or animals.
- ☐ As a Healer of the family unit. These are Medicine Women and Men who focus their ceremonial healing in family issues and in healing the values of family life.
- ☐ As a Healer of the community. These are Medicine Women and Men whose focus is more toward building up the Chapters of New Haven Native American Church, Communities, and so forth.
- ☐ As a Healer of Society. These are Medicine Women and Men who focus on repairing social systems or situations.
- ☐ As a Healer of the Planet. These are Medicine Women and Men whose focus is on restoring sustainable care of our Earth Mother and on educating others in the responsible use of her resources.

Please explain your choice(s) above: _____

11. If you have an online presence (website or social media), kindly provide us with the http address(es):

Website: _____

Facebook:: _____

Linkedin: _____

Instagram: _____

Other: _____

12. Lodging preferences: ☐ Not needed ☐ Dorm ☐ Single ☐ Double ☐ Shared bath ☐ Private bath
Are you planning on having access to a vehicle during your stay? ☐ Yes ☐ No ☐ Undecided

Muaisa Hale Pule cannot be held responsible for accidental damages or injuries caused by actions contrary to its stated policies. By signing your name below, you attest that you understand and agree to all the conditions expressed in this form, and that to the best of your ability, you have truthfully provided the information requested. With this you also give Muaisa Hale Pule permission to investigate and verify all statements contained herein, and you understand that the omission or misrepresentation of any fact(s) in this form may be cause for dismissal without recourse.

Signed: _____ Date: _____

KINDLY RETURN YOUR COMPLETED APPLICATION FORM AS FOLLOWS:

1. Read, complete and sign the pages above by either printing out the pages and completing them by hand, or by copying and pasting the form into Word, Pages, Libreoffice, etc. and keyboarding in your responses. Other creative methods are also possible. We leave it up to you;

2. Scan (jpeg or pdf) your **completed form** in its entirety along with additional pages;

3. Take an in-the-moment selfie of yourself (head and shoulders) with eyes exposed and looking directly at the camera. Email it along with your **scanned application** and a **scanned copy of your State or Federal photo ID** (passport, driver's license, etc.) to muaisa@yahoo.com.

4. If you have not yet submitted your donation, you may do so by credit card at: the following link:

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=GB6NTVL9LP7QC

Optional methods of submitting a donation are: ☐ Credit card by phone ☐ Bank wire transfer
(Please check one of these 2 options if you prefer either to online submission.)

Dates cannot be confirmed or guaranteed until we receive your donation.

POST, EMAIL, WEBSITE AND TELEPHONE CONTACT

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Kealahou, HI 97850

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