



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



Aloha! How wonderful that you are taking steps 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 we are and what we do.

Muaisa Hale Pule is a church with neither walls nor religious dogma. All services under our auspices are spiritually-focused and are offered for the intangible, spiritual benefit they provide. As an official 501(c)(3) Chapter of New Haven Native American Church (NHNAC), we do not engage in commerce and rely instead on donations and volunteerism. In conjunction with various donation thresholds, we invite island guests and residents to partake of our programs. Like all tax-deductible contributions, donations to Muaisa Hale Pule are not purchases in exchange for goods or services. They are non-transferable, non-refundable, free-will gifts. We appreciate your taking the time and care to fill in the requested information below as clearly, concisely and **legibly** as possible.

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.) The Donation Threshold for this program is \$1,750 (\$1,500 student), This includes the filing and processing of 2 NHNAC certificates and 1 photo ID card. If you first contacted us via either Retreat.Guru or RetreatNetwork.com, you will also be responsible for a referral fee of 16% and 18% respectively.

Be sure to list your preferred dates on the application form and to send along the required supportive materials listed below.

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 _____ | |

If 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.

Should you cancel your place in a program or event with us, your application form will be kept in reserve for one year, during which time you are welcome to attend at a later date. If you cancel due to serious illness or family emergency, and visiting Muaisa Hale Pule at a later date becomes impossible, you may submit the specifics of your case along with proper, hard-copy, documentation to our Board of Officers for review on an individual basis.

REFUND POLICY: We invite you to be clear in submitting your donation to us. Under the Internal Revenue Code (IRC) which recognizes Muaisa Hale Pule as an officially authorized 501(c)(3) Chapter of New Haven Native American Church (NHNAC), donations made to our just cause are **not purchases, nor are they in exchange for products or services**. All donations are free-will gifts for intangible, spiritual benefits only and are non-transferable and **non-refundable**.

I HAVE READ, I UNDERSTAND, AND I HAVE TAKEN THE TIME TO CONSIDER THIS AGREEMENT AND I SIGN IT NOW VOLUNTARILY. By agreeing to the terms above, I understand that this is a binding document, and that my electronically signing and submitting it legally binds me in the same manner as if I had signed a non-electronic form.

Signed: _____ Print name: _____ 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. Mac users are generally able to fill out the form online.

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 met the donation threshold for participation in this program, you may donate by PayPal, bank wire transfer, or credit card via any of the following 3 options:

OPTION #1: SUBMIT YOUR DONATION VIA PAYPAL, DEBIT CARD OR CREDIT CARD ONLINE

https://www.paypal.com/donate?hosted_button_id=ZTRW4QFJLVARG

https://www.paypal.com/donate?hosted_button_id=BB7QS5ESBFMBL

Donate to
Muaisa Hale Pule
This is not a purchase; it is a free-will, non-refundable, 501(c)(3) donation. Donor agrees not to dispute this amount.



OPTION #2: AUTHORIZE US TO ASSIST YOU WITH A CREDIT CARD DONATION BY PHONE

By signing this form you request Muaisa Hale Pule to assist you by phone in debiting your account listed below for the no-transferrable, non-refundable donation amount indicated. This permission is for a single transaction only; it does not provide authorization for any additional unrelated debits or credits. The information provided shall not be used for any other purpose than for your non-refundable donation.

I, _____ authorize Muaisa Hale Pule to charge my credit card
(cardholder's full name)
account indicated below for the sum of \$ _____ on _____.

(amount) (date)

Card Type: Visa ___ Mastercard ___ Discover ___ AMEX ___

Last 4 numbers of the account #: _____ Expiration Date: _____ CVV: _____

Name (as it appears on card) _____

Street Address _____

City _____ State _____ Zip code _____

Phone: _____ Email: _____

I authorize Muaisa Hale Pule to charge the credit card indicated on this authorization form according to the terms and conditions stated above. I certify that I am an authorized user of this account, and that I will not dispute this payment with my credit card company as long as the transaction corresponds to the terms indicated in OPTION #2 above.

Signature _____ Date _____

OPTION #3: BANK WIRE TRANSFER



Muaisa Hale Pule Wire Instructions

Domestic Wires / Electronic Debits / ACH
121301028

International Wires (SWIFT Code)
BOHIUS77

Receiving Bank
Bank of Hawaii / Kealakekua Branch

Receiving Bank Address
81-6638 Hawaii Belt Rd, Kealakekua, HI 96750

Receiving Bank Phone
+1-808-322-9377

Recipient / Beneficiary Name
Oklevueha Native American Church of Missouri, Inc.

Recipient / Beneficiary Address
PO Box 2334, Kealakekua, HI 96750

Recipient Account Number
83470844

Programs are offered as a courtesy to our donors. Dates cannot be confirmed or reserved until we receive your completed application package, and until your total donation amount(s) meet(s) the requested program donation threshold.

POST, EMAIL, WEBSITE AND TELEPHONE CONTACT



Post: Muaisa Hale Pule
990 Halekii Street, #2334
Kealakekua, HI 97850

Email: muaisa@yahoo.com

Website: www.muaisa.org

Phone: +1 808 323 3238, Hawaiian Time

We look forward to seeing you soon!