



MUAISA HALE PULE SHAMANIC REBIRTH APPLICATION FORM



Complete & send to: muaisa@yahoo.com

===== Please accomplish this process before booking airfare =====

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. ***In exchange for meeting certain charitable contribution thresholds, guests are offered the intangible spiritual benefit of participating in our programs and ceremonies***, none of which are sold in commercial transactions outside the donative context, and for all of which there is no charge. As an official 501(c)(3) Chapter of New Haven Native American Church (NHNAC), we do not engage in commerce and rely instead on charitable contributions and volunteerism. Like all tax-deductible contributions, gifts to Muaisa Hale Pule are not purchases in exchange for goods or services. They are non-transferable, non-refundable, charitable contributions. We appreciate your taking the time 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: ___ mo ___ day ___ 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 contribution threshold for participating in this program is \$2,250. This grants you participation in 4 one-on-one sessions with Shaman + an all-day eco-adventure and includes a certification ceremony plus the filing and processing of 2 NHNAC Healer /Medicine Woman/Medicine Man certificates.

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 _____

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

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 NHHAC 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: _____

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: Please be clear in submitting your charitable contribution to us. According to the Internal Revenue Code (IRC), Muaisa Hale Pule is a 501(c)(3) church. Charitable Contribution Tax Law requires that gifts made to us be **non-refundable; they are not purchases nor are they in exchange for goods or services**. All charitable contributions are only for the intangible, spiritual benefit of giving and of being granted attendance in our programs which are offered at no charge.

I HAVE READ, I UNDERSTAND, AND I HAVE TAKEN THE TIME TO CONSIDER THIS AGREEMENT; 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** (head and shoulders) with eyes exposed, no glasses, looking directly into the camera lens. Email it along with your **application form, a scan of your State or Federal photo ID** (passport, driver's license, etc.) and **proof of current health insurance coverage** to muaisa@yahoo.com. If you don't have health insurance, we recommend an all-inclusive, travel policy from <https://www.volunteercard.com/compareplans/>, starting at \$30 with no deductible or age limit.

4. If you have not yet met the **charitable contribution threshold** for participation in this program, you may do so via PayPal, Venmo, bank wire transfer, or credit card via any of the following 3 options:

SUBMIT YOUR 501(c)(3) TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION

Please be clear in your intent. Muaisa Hale Pule is a church, does not engage in commerce and cannot accept payments in exchange for an item or service.

If using Venmo or PayPal, you must AVOID paying us for "GOODS OR SERVICES."

Charitable Contributions are governed by Charitable Contributions Tax Law and are NON-TRANSFERABLE and NON-REFUNDABLE.



1. Via the Venmo App:

- Open the **Venmo** app on your mobile device.
- Log-in and select the **Payment** icon at the top right of your screen.
- Add **@muaisa** or **muaisa@yahoo.com** to your Venmo recipient list.
- Input the **amount** you want to send..
- If you have not yet completed Venmo identity verification,

you will be restricted to a weekly sending limit of \$299.99.

- The last four digits of the associated phone #, if you need them, are **7210**.
- Add a note if you care to, and check that you are sending money from your desired account. • All **credit card** transactions will be charged 3.5% surcharge; using your Venmo balance is free.
- **Check the details of your transaction carefully**, and submit by tapping the **'Pay'** button.
- **Confirm** the transaction.



2. Via Paypal.me/giftingfund

- Go to **www.paypal.me/giftingfund** on your phone or computer
- Click on **Send**
- Log in or sign-up for a **PayPal** account.
- Enter the amount you want to send
- If the screen says "Paying for an item or service," click **Change**
- Select **"Sending to a Friend."**

 Paying for an item or service

Change



Sending to a friend

No fee to use bank or balance to send to friends and family in the U.S.

- There is no PayPal fee when you use your bank or PayPal balance
- Select how you want to send and review all information
- **Check the details of your transaction carefully**, and click **Send Payment Now**

3. Via Bank Wire Transfer:

A bank-to-bank wire transfer is an electronic payment you initiate either through your online bank account, or in person at your local bank branch or financial institution. Transfer fees vary from bank to bank and can range from ZERO to as much as \$50 US,

Be sure to allow for a minimum of 3 - 5 days advanced planning for processing.

International bank transfers may take even longer to complete.

Below is the required information that you will generally need for a bank transfer.



Routing Number for Domestic Wires
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
0083-470844

Muaisa Hale Pule grants participation in its programs and ceremonies at no charge to donors who have met certain charitable contribution thresholds.

Participation dates cannot be confirmed or reserved until we receive your completed application package for the program(s) that interest you, and until the total amount of your charitable contribution(s) meet(s) the corresponding charitable contribution threshold.



Due in part to the growing interest in shamanism over the past few years, Muaisa Hale Pule has been targeted by an emotionally-destabilized individual who came to Hawaii to volunteer for us in 2015. Within a matter of days of his being on property, he became violent and was asked to leave.

Ever since then, this person has obsessed on stalking and bullying us online. Assisted by his girlfriend ('clearriverofspirit'), whom we have never met, he impersonates us, posts harassing videos and fraudulent reviews of us, references back and forward between these various reviews to promote his hogwash, and uses free iPhone software to spoof our Caller ID and misrepresent himself as us in a campaign of telephoning random, potential guests in the shamanic and sacred plant ceremony communities, spewing offensive language..

Although we have been granted a Protective Order, issued by the District Court of the Third Circuit in Hawaii against this person, when infractions of this nature take place across State lines and involve the Internet, there is little that either local law enforcement and/or the FCC can do -- or are willing to do --to curtail or prevent this from occurring.

Please be extremely cautious of all third party videos and defamatory reviews you may find of us online, and double check any questionable claims and/or one-star litanies you may read or phone calls you may receive from a Caller ID that displays our name and phone number. The only legitimate person making telephone calls from our phone number is Dr. ZZ, and she makes a practice of not telephoning anyone who doesn't first contact us requesting information.

Kindly report to us any suspicious websites or reviews you come across using our name and/or any suspicious phone calls you may receive from someone claiming to be us. If you are not sure, please call us immediately at +1-808-323-3238.



*Please let us know if you have any questions.
We look forward to having you join us soon!*

CONTACT INFO

Post: Muaisa Hale Pule
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Kealakekua, HI 96750

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Phone: +1 808 323 3238, Hawaiian Time