



MUAISA HALE PULE VOLUNTEER APPLICATION AND HEALTH SURVEY



Congratulations on choosing to volunteer at Muaisa Hale Pule! The purpose of this form is to help us determine just how much your participation will be of mutual benefit to you and to us at this time. Kindly complete and return this form to apply for either our Earth Medicine program (general volunteerism) or our Shamanic Volunteer Immersion (volunteerism plus 10+ Day Shamanic Rebirth.)

As a heads up, it is expected that your general health will allow you to fulfill the responsibilities you are choosing to undertake. At any step in the process, should a physical-, sensory-, mental-, or health-related issue present itself in a way that contradicts exposure to the tasks at hand, we will -- on a case-by-case basis -- evaluate the situation and offer to adjust your participation level.

Everyone on property is responsible for their own fitness, wellness and health care treatment and costs. As such, volunteers are required to maintain health insurance coverage throughout the extent of their involvement. If you do not already have health insurance that will cover your stay in Hawaii, International Volunteer Card (IVC) offers an effective, 60-day, \$30 travel/luggage/medical insurance package that is suitable for this purpose. IVC also donates a significant portion of their proceeds to humanitarian projects. See <https://www.volunteercard.com/insurance/> for details.

Upon receipt of your completed application along with **(i) proof of health insurance coverage, (ii) a copy of your state- or federally-issued photo ID and (iii) a real-time head & shoulders selfie with 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 head-start in preparing for your arrival. To this end, we appreciate your taking the time and care to fill in the requested information below legibly and concisely. (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 21 - 56)

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

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

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

Areas of study: _____

Your occupation: _____

Current employer: _____

Other interests: _____

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

[] Dates: _____ to _____ Earth Medicine Volunteerism (no donation required)

[] Dates: _____ to _____ 3-week to 3-month Shamanic Immersion (includes 10+ Day Shamanic Rebirth plus Healer / Medicine Woman / Medicine Man certification.) A donation threshold of \$1,750 (\$1,500 student) also covers 2 NHNAC certificates + 1 photo ID

[] Alternative dates:(if applicable) _____ to _____ and _____ to _____

All who are applying for the 3-week to 3-month Shamanic Immersion, and who wish to be certified as a New Haven Native American Church (NHNAC) Healer/ Medicine Woman or Medicine Man in conjunction with this program, will need to be able to place themselves in -- or feel drawn towards -- one or more of the categories below. If you are applying for the Shamanic Immersion and aiming to be certified, please check the category or categories below with which you most closely resonate. (If you are not applying for the Shamanic Immersion or to be certified, you may skip this section.)

[] Healer of people or animals. These are Medicine Women and Men whose focus is in relieving the suffering of people or animals.

[] 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.

[] 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.

[] Healer of Society. These are Medicine Women and Men who focus on repairing social systems or situations.

[] 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.

VOLUNTEERISM: Muaisa Hale Pule seeks to attract service-oriented individuals who aren't afraid of hard work, who are willing to be flexible about their volunteer assignments, who are open to contributing wherever and however the grounds need it, and who are willing to look inside themselves (rather than point fingers at others) for the source of their own discontent. Please select the disciplines below, which interest you most in terms of volunteering 12 hours per week. (1 = most interesting, 2 = second most interesting, etc.). Then, elaborate in your responses to the questions that follow about your related work ethic and experience. Although preferences are considered when assigning volunteers to discipline areas, there is no guarantee that you will be assigned to your preferred discipline(s).

Groundskeeping _____ Horticulture _____ Landscaping/yard work _____ Housekeeping _____
Carpentry _____ Plumbing* _____ Electrical* _____ Masonry* _____ Painting _____ IT Tech _____
Construction* _____ Grant writing _____ Screenwriting _____ Videography _____ Website Design _____
Healing Arts* _____ (please specify _____)

* Volunteers w/professional training and licensure may be eligible to earn double time in these areas.

1. Please tell us about your previous work and/or volunteer experience in the areas chosen above. Describe in detail any skills, training, equipment and/or certifications/licenses you have or have had pertaining to these areas, and list any other work experience you consider to be relevant.

For the sake of the intangible, personal benefits you will be gleaning from the program, if you are completing this form in relation to the SHAMANIC VOLUNTEER IMMERSION, which includes the 10+ day Shamanic Rebirth, and if there are other trainings or workshops you plan to attend while in Hawaii, it is recommended that Muaisa Hale Pule be your “last stop.”

PHYSICAL HEALTH: Muaisa Hale Pule’s work commitment and our tropical environment require volunteers who are in good physical condition. Because we are located in a rural area of a remote island with limited access to emergency services, and because everyone who comes here is responsible for their own health care treatment and costs, it is important that we are aware of your past or current health. Note: You may occasionally be asked to lift objects up to 50 lbs (22.6 kg).

6. Please identify any physical conditions you have received treatment for in the past three 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 #6 above, please elaborate here:

7. Please list here any medications you are currently taking: _____

8. Keeping with Muaisa Hale Pule’s focus on healing and spirituality, we require that **all volunteers refrain from smoking and not be under the influence of alcohol or recreational drugs while on property**, and that **all enrolled in the 10+ day Shamanic Rebirth Program refrain from smoking, drinking alcohol and/or using recreational drugs -- both on and off premises -- throughout the duration of the 10+ day program.** Particularly if you are enrolling in the SHAMANIC VOLUNTEER IMMERSION, please describe your past and current usage of tobacco, alcohol, recreational drugs and/or psychoactive substances:

MENTAL/EMOTIONAL HEALTH: Muaisa Hale Pule is located upcountry on Hawaii's Kona Coast in a fairly rural setting. Living and working 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.

9.. Please indicate if you have experienced any of the following in the past 3 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 #9 above, please elaborate below with details, symptoms, treatment, hospitalization, and present condition. _____

10. If you have an online presence (website or social media), kindly provide us with the addresses:

- Website: _____
- Facebook:: _____
- Linkedin: _____
- MySpace: _____
- 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 (i) to the best of your ability, you have truthfully provided the information requested and (ii) *electronically signing and submitting this document is as legally binding as if you had signed a non-electronic form*. 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) may be cause for dismissal without recourse.

Signed: _____ Date: _____

KINDLY RETURN YOUR COMPLETED APPLICATION FORM AS FOLLOWS:

1. Scan (jpeg or pdf) your **completed form** in its entirety with any additional pages you care to add;
 2. Email the scan to muaisa@yahoo.com along with a jpeg or pdf scan of an ***in-the-moment head & shoulders selfie*** with your eyes open, uncovered, and looking directly into the camera,
 3. Include a copy of your **photo ID** (US driver's licence, State-issued photo ID, or current passport),
 4. Also a scan of your **current health insurance card** or other proof of current health insurance.
- Note:** If you do not have health insurance, International Volunteer Card (IVC) at www.volunteercard.com/insurance offers an effective 60-day insurance plan that covers travel and medical for \$30 US. The IVC plan is suitable for this purpose.
5. If you have yet to meet the donation threshold for the **Shamanic Volunteer Immersion**, you may complete your donation at: https://www.paypal.com/donate?hosted_button_id=ZTRW4QFJLVARG
Program dates cannot be guaranteed until you meet the minimum threshold.