
HoAMa Summer Mentorship Program

June 17 – July 12, 2019

| Monday-Friday (9:00am-5:30pm)

| Ages 5-13



This is a fun, hands-on learning, ‘ohana-centered summer mentorship program grounded in Hawaiian values of aloha (*love*), mālama (*care*), ‘ohana (*family*), kuleana (*responsibility*), ha‘aha‘a (*humility*), and aloha ‘āina (*love for homelands*).

This program aims to cultivate the next generation of youth in Hāmākua and Hawai‘i, guided by our Hawaiian ancestral knowledge, practices, and mo‘olelo.

Keiki participants will learn and practice aloha ‘āina through daily activities including hana no‘eau (*arts*), oli (*chant*), mele (*songs*), and mahi‘ai (*gardening*). Keiki will also have the opportunity to experience huaka‘i (*excursions*) each week, to various storied places on our island.

Applications must be submitted no later than June 1, 2019.

BY EMAIL:

hoale.a.maninini@gmail.com

(cc: kealaulili@gmail.com)

BY MAIL:

huiMAU

P.O. Box 6, Pa‘auilo HI 96776



Website: www.alaulili.com - Email: kealaulili@gmail.com - PO Box 6, Pa'auilo, Hawai'i 96776

Who is Hui Mālama i ke Ala 'Ūlili?

Hui Mālama i ke Ala 'Ūlili (huiMAU) is a community-based non-profit organization of 'ohana from Hāmākua Hikina (East Hāmākua), founded in 2011. We are committed to cultivating kīpuka (safe spaces) that foster and regenerate the growth of place-based Hawaiian ancestral knowledge, healthy food- and eco- systems, and strong 'ohana with the capacity to live and thrive in Hāmākua for generations.

Our mission is to re-establish the systems that sustain our community through educational initiatives and land-based practices that cultivate abundance, regenerate responsibilities, and promote collective health and well-being.

Program Overview:

The term "hō'ama" means "to begin to mature or ripen," like adolescents reaching maturity. Drawing upon this term, our HoAMa Summer Mentorship Program seeks to nurture the growth of young people in our Hāmākua community (ages 5-13), as they mature cultivating abundance in their lives and in the lives of their 'ohana & community through education, aloha and kuleana.

The HoAMa Summer Mentorship Program, seeks to create a safe learning environment for our keiki to cultivate strong relationships and support networks with peers, mentors, and 'ohana, to support their success in school, at home, and in our communities. We believe that healthy keiki thrive when they are rooted in strong, healthy 'ohana, communities, and 'āina (land). As such, our HoAMa Summer Mentorship Program will engage our keiki and their 'ohana in hands-on learning through 'āina-based education, including community gardening, arts and crafts, storytelling through mele (song) and hula, lessons with local kūpuna (elders), huaka'i (excursions), and much more.

Program Goals:

1. To mentor and cultivate our next generation of youth in Hāmākua, rooted in our Hawaiian cultural values of aloha (love), mālama (care), 'ohana (family), kuleana (responsibility), ha'aha'a (humility), and aloha 'āina (love for land);
2. To cultivate a strong sense of kuleana to mālama (care for) 'āina (land), 'ohana, community, and lāhui (nation);
3. Restore abundance on our 'āina and in our 'ohana, community, and lāhui;
4. Prepare our youth for success in high school and beyond.

Summer Mentorship Program Description:

The HoAMa Summer Mentorship Program is an educational program of HuiMAU will be held from June 17- July 12, 2019, from 9:00am-5:30pm Monday through Friday. The primary site for the Summer School Mentorship Program will be at the Pa'auilo Hongwanji (43-1477 Hauola Rd.) and the Program's secondary site will be at huiMAU's learning farm site, KaHua HoAMa, located ma uka of Pa'auilo Store (43-1351 Hawai'i Belt Rd.). Pick-Up will primarily be at the Pa'auilo Hongwanji. On days that we are at the KaHua HoAMa, parents/guardians will be notified to pick up their keiki from the KaHua HoAMa.



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Each week, keiki will also experience one huaka'i (excursion) off site. Parent's will be informed of the location and schedule of these huaka'i on the first day of the program, June 17, when a brief parent orientation will be held. This summer's huaka'i will include sites in Hāmākua, Hilo, and Kona.

'Ohana Responsibilities:

We see our keiki and their 'ohana as co-creators of the future we envision for our community. As such, we encourage 'ohana to participate in various learning experiences with us, including occasional workshops, presentations, excursions, and 'ohana dinner nights. Collectively, we will ho'olaupa'i (create abundance) in our 'ohana. This is the foundation upon which we will resurge and overflow (Hō'ale a Maninini) with abundance as a community in Hāmākua and Hawai'i Island.

Contact:

- Loke Alpiche, HoAMa Program Coordinator (E-mail: hoale.a.maninini@gmail.com)
 - Cc: No'eau Peralto, Executive Director (E-mail: kealaulili@gmail.com)



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**HoAMa Summer Mentorship Program
Registration Form**

Registration Fee: (June 17-July 12) \$250 total. For 'ohana enrolling more than one keiki, fee is \$250 for the first, and \$150 for each additional keiki. Please make checks payable to Hui Mālama i ke Ala 'Ūlili. There is a 2 day grace-period for a late payment, and a \$25 fee for all returned checks.

Participant Information:

First Name: _____ Middle: _____ Last: _____

Address: _____ Phone: _____ Gender: ()F ()M
Physical Address City Zip

Other Name(s): _____ Date of Birth: _____ Age: _____

School: _____ Grade Level: _____ Teacher: _____

'Ohana Information:

How many people live in your household? _____

Child lives with: Mother(s) Father(s) Grandparent(s) Guardian(s) Foster
 Other: _____

Primary (Parent / Guardian) Relationship to Child: _____

First Name: _____ Middle: _____ Last: _____

Address: _____ Home Phone: _____ Gender: ()F ()M
Physical Address City Zip

_____ Cell Phone: _____ Email: _____
Mailing Address City Zip

Employer: _____ Work Phone: _____

Secondary (Parent / Guardian) Relationship to Child: _____

First Name: _____ Middle: _____ Last: _____

Address: _____ Home Phone: _____ Gender: ()F ()M
Physical Address City Zip

_____ Cell Phone: _____ Email: _____
Mailing Address City Zip

Employer: _____ Work Phone: _____



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'Ohana Ancestry: (Please check all that apply)

Native Hawaiian Other Polynesian: _____ Micronesian (Specify: _____)

Filipino Chinese Japanese Korean Vietnamese Other

Asian: _____

Native American (Specify: _____) Alaska Native (Specify: _____)

Puerto Rican Chamorro Portuguese Caucasian Other: _____

Annual Household Income: \$5000 \$5001-10,000 \$10,001-30,000 \$30,001-50,000 \$50,001-75,000 \$75000+

Emergency Contact: (Specify Emergency Contacts, other than Parents)

1) _____ Relation: _____ Ph#: _____ Cell#: _____

2) _____ Relation: _____ Ph#: _____ Cell#: _____

Pick-Up / Release Instructions: (My child may leave be released from the program as follows...)

Walk home by self Walk home with siblings Walk home with: _____

Pick up by parent/guardian Pick up by other adult: _____

Person(s) Not Authorized to Pick-Up: _____ (Attach documentation if available)

Medical Information:

Does child have mobility, visual or hearing impairment, or other special need? Yes No

If YES, please specify: _____

Other Medical Conditions: _____

Food Allergies: _____ Other Allergies: _____

Medications: _____

Primary Care Physician: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance Provider: _____ Insurance #: _____

Photocopy of insurance card attached Yes No

Is child identified as: IDEA Yes No 504 Yes No

By signing below, I acknowledge that all information provided in this form is accurate.

Parent/Guardian Signature: _____

Date: _____



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Hui Mālama i ke Ala 'Ūlili

HoAMa Summer Mentorship Program 2019

Parent/Guardian Consent and Liability Release Form/Agreement

Participant's Name:		
Parent/Guardian's Name :		
Cell Phone:	Home Phone:	Work Phone:
Email:		
I _____ ("Parent/Guardian") hereby give permission for my child _____ ("Participant"), to attend and participate in the Hui Mālama i ke Ala 'Ūlili's HoAMa Summer Mentorship Program and all associated activities and events during the period of June 17, 2019 – July 12, 2019.		
LIABILITY RELEASE:		
By signing below, I, _____ agree to the following with respect to my son's/daughter's participation in the Hui Mālama i ke Ala 'Ūlili's Summer School Program.		
(A) Participant and Parent/Guardian promise that Participant shall act responsible and with self-control while participating in the HoAMa Summer Program. Parent/Guardian acknowledges that Participant is a person of sufficient maturity to make reasonable decisions about his/her conduct, and that Participant shall accept full responsibility for such conduct while participating in the HoAMa Summer Program. Parent/Guardian also acknowledges that misconduct may be subject to discipline, including suspension and/or removal from continued participation in the HoAMa Summer Program. Parent/Guardian further agrees to hold harmless and indemnify Hui Mālama i ke Ala 'Ūlili for any liability sustained by Hui Mālama i ke Ala 'Ūlili as the result of negligent, willful or intentional acts of Participant, including expenses incurred attendant thereto.		
(B) Parent/Guardian acknowledges that there are certain risks inherent in participating in any after school program, including, but not limited to, accident, injury, illness or damage to personal property. Parent/Guardian expressly assumes these risks and agrees that they will not hold Hui Mālama i ke Ala 'Ūlili responsible if such events occur. Parent/Guardian further acknowledges on behalf of minor youth, that they will assume all risk of personal injury, sickness, death, damage and expense as a result of child's participation in recreation and activities, other than incidents considered to be gross negligence.		
(C) Parent/Guardian affirms that in the event of an accident, injury and/or medical emergency, Hui Mālama i ke Ala 'Ūlili is authorized to consent to and obtain whatever emergency medical treatment, surgery or dental care is considered necessary from and in the best judgment of the attending physician, medical care		



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facility, hospital, paramedic unit or other health care provider deemed appropriate by Hui Mālāma i ke Ala 'Ūlili in the circumstances. In the event it is impossible to receive instructions for Participant's care, full authorization is given to any licensed physician and/or surgeon for the provisions of emergency medical treatment, including the administration of medication, and the performance of surgical treatment for the relief of pain and/or the preservation of life and/or health and well-being. Medical costs incurred shall be the responsibility of the Parent/Guardian.

- (D) In consideration of Hui Mālāma i ke Ala 'Ūlili allowing the Participant to attend the HoAMa After School Program, Parent/Guardian hereby releases, forever discharges and agrees to hold harmless Hui Mālāma i ke Ala 'Ūlili, its directors, employees, volunteers, and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the Participant as a result of participation in the program.
- (E) Parent/Guardian hereby grants permission for the Participant to participate fully in all HoAMa Summer Program youth activities and events. Parent/Guardian also confirms to have disclosed all physical, mental and medical conditions of Participant, including food and drug allergies and authorizes and gives permission to Hui Mālāma i ke Ala 'Ūlili to provide snacks and other healthy food and drinks to Participant.
- (F) Parent/Guardian also gives authorization and permission for Participant to be photographed and/or videotaped. Parent/Guardian understands and agrees that the photographs, video, and/or media containing the image and/or voice of the Participant may be used in the production of instructional and/or promotional materials produced by or on behalf of Hui Mālāma i ke Ala 'Ūlili and that such materials may be distributed or broadcast to the public and displayed publicly. Parent/Guardian also understands that permission to use the photographs, video, and/or media is for an unlimited duration and that neither Parent/Guardian nor the Participant will receive any compensation for granting this permission or for the use, if any, by Hui Mālāma i ke Ala 'Ūlili of the Participant's image and/or voice.
- (G) Parent/Guardian promises to assure that Participant is picked up, or allowed to walk home, no later than 15 minutes after close of program at 5:30 pm and that late pick-ups may result in suspension and/or removal of Participant from the HoAMa Summer Program.
- (H) Parent/Guardian agrees to notify Hui Mālāma i ke Ala 'Ūlili about any changes in contact information, medical condition of Participant, as well as withdrawal of participant from program – and complete exit form.
- (I) Parent/Guardian acknowledges to be least 18 years of age and the parent/guardian/legal representative of the Participant. Parent/Guardian also confirms to have read this agreement and to understand the terms and conditions. Finally, Parent/Guardian verifies to have discussed this agreement with the Participant and that the Participant understands his/her responsibilities as a HoAMa Summer Program participant.

Date:

Parent/Guardian Signature: