

DOCUMENT CAPTURED AS RECEIVED

Alu Like, Inc.

EMPLOYMENT AND TRAINING PROGRAM

Semi-Monthly Time Sheet

Name of Participant: _____ SS#: _____

Payroll period: _____ to _____

Employed by: _____

Program activity: _____ Island: _____

NOTE: TIME SHEETS SHOULD BE TURNED IN TO YOUR COUNSELOR ON THE 15th AND THE LAST DAY OF EACH MONTH.

DATE	HOURS WORKED	DATE	HOURS WORKED
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	

I CERTIFY THAT THE ABOVE
NAMED PARTICIPANT OF THE
ALU LIKE, INC. EMPLOYMENT
& TRAINING PROGRAM WAS
EMPLOYED FOR THE NUMBER
OF HOURS INDICATED ON THIS
FORM.

Michael Atong

supervisor's signature

title

date

FOR OFFICE USE ONLY:

Approved by:

counselor

date

TOTAL _____

TOTAL _____

PARTICIPANT'S SIGNATURE: _____

DATE: _____

PVS

[illegible]

POLYNESIAN VOYAGING SOCIETY

P.O. Box 6037/ Bishop Museum/ Hon., HI. 96818

(808) 841-3966

JOIN AND BE A SUPPORTER OF HÖKÜLE'A



DONATIONS AND MEMBERSHIP FEES IN THIS NON-PROFIT COMMUNITY GROUP ARE TAX DEDUCTIBLE
OPEN TO EVERYONE HAWAIIAN! AT HEART!

MEMBERSHIP CATEGORIES

() Hoe wa'a (paddler) student	\$2
() Hoe wa'a (paddler) adult	\$10
() Holokahiki (sailor)	\$15
() Kālai wa'a (canoe maker)	\$25
() Uli (steersman)	\$50
() Ho'okele wa'a (navigator)	\$100
() Kahuna Kālai wa'a (master canoe maker)	\$250
() A'o hōkū (astronomer)	\$500
() Makua mea lokomaika'i (benefactor)	\$1000

MEMBERSHIP APPLICATION

NAME			
ADDRESS			
PHONE			
STATE	ZIP		
CATEGORY	AMT. ENCLOSED \$		
OCCUPATION	VOLUNTEER	YES	NO

SPECIAL SKILLS

PARTICIPATE ON OUR SERVICE BOARD

As a member of our Polynesian Voyaging Society 'Ohana, we would like to acquaint you with our SERVICE BOARD.

Its PURPOSE is to provide unique volunteer opportunities for members who wish to work actively for the Society in a special educational endeavor.

Its MAIN OBJECTIVE is to provide services and to assist with projects for the Polynesian Voyaging Society.

Our Society has been enormously enriched through the participation of members who have contributed their time, talents, and efforts in the perpetuation of Polynesian voyaging. In an environment of enthusiasm and excitement each participant has brought with him a broad background of experience and knowledge to the arena of Polynesian voyaging and has gained for himself a rewarding and enriching experience from sharing with our 'Ohana.

As a new member, we would like the opportunity to familiarize ourselves with your special talents and skills, your special interests in our Society, and your voyaging and maritime experiences if any; how much time and service you are willing to contribute as a SERVICE BOARD VOLUNTEER.

Please fill in the following volunteer information and submit it back to our office. With your KOKUA and MANA'O we can continue to be of service in RESEARCH, EDUCATION and EXPERIENTIAL Polynesian sea voyaging. MAHALO!

VOLUNTEER INFORMATION SHEET

Date Submitted

month day year
(mahina) (la) (makahiki)

NAME FIRST HAWAIIAN MAIDEN LAST

ADDRESS HOUSE NUMBER STREET APT. # AREA DISTRICT

CITY STATE ZIP

OCCUPATION NAME OF COMPANY ADDRESS BUSINESS PHONE

JOB TITLE JOB DESCRIPTION DAYS OF WORK HOURS

DATE JOINED SOCIETY POSITION (i.e. crew, board, member, etc....)

SPECIAL INTERESTS

SPECIAL SKILLS

(I.e. artistic, carpentry, writing, musical, clerical, Hawaiiana, etc...)

FAVORITE HOBBIES AND RECREATIONAL ACTIVITIES

MEMBERSHIP IN ANY OTHER ORGANIZATIONS

SEAMANSHIP OR MARITIME EXPERIENCES

DATE(S) OF ANY HOKULE'A VOYAGE(S)

RESUME: (SHORT BACKGROUND OF PROFESSIONAL AND VOLUNTEER EXPERIENCES AND CREDITS): Write on separate sheet of paper if desired.

IN WHAT AREA WOULD YOU LIKE TO CONTRIBUTE YOUR TIME AND SERVICES TO OUR POLYNESIAN VOYAGING SOCIETY SERVICE BOARD? PLEASE CHECK:

- | | |
|--|---|
| <input type="checkbox"/> SPEAKER'S BUREAU | <input type="checkbox"/> Assisting at school and community presentations |
| <input type="checkbox"/> PVS NEWSLETTER | <input type="checkbox"/> Assisting office staff on writing articles, typing, photography, and mailing |
| <input type="checkbox"/> EDUCATIONAL MATERIALS | <input type="checkbox"/> Assisting educational coordinator in production of educational charts, graphs, handouts, etc.... |
| <input type="checkbox"/> EXHIBITS, WORKSHOPS SEMINARS | <input type="checkbox"/> Setting up and manning booths, giving demonstrations on foods, music, canoe building, weaving, etc.... |
| <input type="checkbox"/> FUND RAISING | <input type="checkbox"/> Researching and developing materials, etc.... |
| <input type="checkbox"/> MEMBERSHIP DRIVES | <input type="checkbox"/> Assisting at fund raising events, selling tickets, etc.... |
| <input type="checkbox"/> OFFICE | <input type="checkbox"/> Assisting in printing and mailing materials, promoting memberships, etc.... |
| <input type="checkbox"/> PUBLICITY | <input type="checkbox"/> Answering phones, stuffing and posting bulk mail, zeroxing, filing, typing, paste-ups, etc.... |
| <input type="checkbox"/> PROMOTIONS | <input type="checkbox"/> Assisting in writing articles, photographing events, attending events, taping events, etc.... |
| <input type="checkbox"/> SALES | <input type="checkbox"/> Assisting in hosting/hostessing at events, chairmanning committees, etc.... |
| <input type="checkbox"/> REFURBISHING OF HOKULE'A | <input type="checkbox"/> Selling tee shirts, posters, Children's Books, memberships, etc.... |
| <input type="checkbox"/> OTHER(S) | <input type="checkbox"/> Assisting Canoe Supervisor on refurbishing and upkeep of Hokule'a, building and painting of canoe parts, etc.... |
| | <input type="checkbox"/> PLEASE SPECIFY |

DAYS OF MONTH AVAILABLE (PLEASE CHECK)

LAPULE (Sunday)	PŌ'AKĀHI (Monday)	PŌ'ALUA (Tuesday)	PŌ'AKOLU (Wednesday)	PŌ'AHĀ (Thursday)	PŌ'ALIMA (Friday)	PŌ'AŌNO (Saturday)

HOURS MOST AVAILABLE (PLEASE FILL IN)

KAKAHIKA (morning)	AWAKEA (noon)	'AUINALĀ (afternoon)	AHIAHI (evening)

ANY INNOVATIVE IDEAS, CONSTRUCTIVE COMMENTS, FEELINGS, ETC.... ON HOW YOU BEST FEEL WE CAN EFFECTIVELY PERPETUATE OUR POLYNESIAN VOYAGING SOCIETY?
Write on separate sheet of paper.

Mahalo for taking the time to fill out this VOLUNTEER INFORMATION SHEET. We are looking forward to working with you on our SERVICE BOARD.

'Owau me ka 'oiā'i'o,
(I am, sincerely)

WILLENE WAILANI BELL
Education Coordinator

NOT TO BE FILLED IN UNLESS SPECIFICALLY REQUESTED BY THE VISITOR

INDIVIDUAL FOLLOW-UP AND STATISTICAL REPORT OF SPEAKER'S BUREAU AND OTHER POLYNESIAN VOYAGING SOCIETY ACTIVITIES

VISITED: ISLAND DISTRICT LOCATION NAME PHONE TIME

DATE OF VISIT: DAY OF WEEK MONTH DAY YEAR BY: NAME(S)

SPEEDOMETER READING: TO DESTINATION FROM DESTINATION TOTAL MILEAGE: NAME(S)

AUDIENCE: NAME(S) NAME(S)

NO. OF PEOPLE REACHED () ADULTS CHILDREN TEACHERS OTHERS MAJOR AREAS PRESENTED:

AREAS OF MAJOR QUESTIONS/RESPONSES: TYPE OF MEDIA USED:

FOLLOW-UP MEASURES: COMMUNICATIONS AND CORRESPONDENCE:

COMMENTS: HONORARIUMS SALES OF BOOKS SALES OF T-SHIRTS SALES OF POSTERS MEMBERSHIPS

Willene Wailani Bell
EDUCATION COORDINATOR

Signature: _____
Date: _____



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P.O. Box 6037/ Bishop Museum/ Hon., Hi. 96818

P.O. Box 6037/ Bishop Museum/ Hon., Hi. 96818

COMPARATIVE ANALYSIS OF EXHIBIT REVENUES

[illegible]

WILLENE WAILANI BELL
Education Coordinator



DOCUMENT IS CAPTURED AS RECEIVED

SERVICE BOARD MEMBERSHIP ROSTER

NAME, ADDRESS & PHONE	DATE JOINED	CATEGORY	SKILLS	AVAILABILITY	OTHER COMMENTS
Willene Mallani Bell FOURTH ST. CALESTOGA, GA					

Willene Wailani Bell
EDUCATION COORDINATOR

AUTOMOBILE MILEAGE CLAIM

[illegible]

SPEAKER'S BUREAU

Request Form

School/Organization: _____

Address: _____

City _____ Zip _____

Phone: _____

Contact: _____

Date of Request: _____

Location: _____

Grade/Age Level: _____

Type of Media To
Be Used: _____ Slides _____ "Voyage of Hokule'a" _____ Launching

Speaker: _____

Phone: _____

Confirmed: _____ Date: _____

COMMENTS: _____

POLYNESIAN VOYAGING SOCIETY

APPLICANT INFORMATION ON WATERMANSHIP

MR., MRS., Miss
NAME(Print clearly) _____ AGE _____

MALE/FEMALE _____ HEIGHT _____ WEIGHT _____

ADDRESS _____ CITY _____

ZIP CODE _____ TELEPHONE NUMBER _____

Do you participate regularly in active sports? _____ If your answer is "yes", indicate what sports or activities. If your answer is "no", what exercise do you normally have? _____
Date of your last medical exam? _____
When was your last chest X-Ray? _____
Have you ever had an electrocardiogram? _____
Have you ever had an electroencephalogram? _____

Place a ✓ in the appropriate boxes:

	YES	NO		YES	NO
hay fever, sinus trouble			blood disease		
ear discharge, mastoid			tuberculosis		
broken ear drum			diabetes		
asthma, shortness of breath			pneumonia or bronchitis		
chest pain or persistent cough			rheumatic fever		
frequent upset stomach			irregular heart beat		
peptic ulcer			high blood pressure		
frequent diarrhea			cancer		
kidney or bladder disease			heart trouble		
rheumatism or arthritis			any neurological condition		
severe or frequent headache			joint surgery or deformity		
dizzy spells, fainting, epilepsy			air embolism		
nervous breakdown			emphysema		
dislike closed-in spaces			pneumothorax		
train, sea, or air sickness			oxygen sickness		
frequent colds			respiratory impairment		
use sleeping pills frequently			jaundice or hepatitis, anemia		

WOMEN: Any menstrual irregularities or problems? _____
Medication used: _____

Are you trained in any field by the Red Cross or any other medical organization? _____

Certificates currently held or held in past? CPR _____ WSI _____
Life Saving _____ First Aid _____ Other _____

Have you ever had any experiences in ocean waters such as body surfing, surfing, swimming? Explain _____

Have you had any experience in ocean waters regarding fishing(hand-line, trolling, netting, skin diving, scuba) _____

Have you had any experience in ocean waters regarding sailing: Explain what type of vessel including motor boats _____

Have you had formal training, schooling, or instruction in any of the above ocean oriented areas: _____

POLYNESIAN VOYAGING SOCIETY

BOX 6037 / HONOLULU / HAWAII 96818 / (808) 841-3966

VOLUNTEER INFORMATION SHEET

Date Submitted

month day year
(mahina) (la) (makahiki)

NAME

FIRST

HAWAIIAN

MAIDEN

LAST

ADDRESS

HOUSE NUMBER

STREET

APT. #

AREA

DISTRICT

CITY

STATE

ZIP

OCCUPATION

NAME OF COMPANY

ADDRESS

BUSINESS PHONE

JOB TITLE

JOB DESCRIPTION

DAYS OF WORK

HOURS

DATE JOINED SOCIETY

POSITION

(i.e. crew, board, member, etc....)

SPECIAL INTERESTS

SPECIAL SKILLS

(i.e. artistic, carpentry, writing, musical, clerical, Hawaiian, etc....)

FAVORITE HOBBIES AND RECREATIONAL ACTIVITIES

MEMBERSHIP IN ANY OTHER ORGANIZATIONS

HAWAII

TAHITI



BICENTENNIAL VOYAGE OF REDISCOVERY
HOE AKU I KA WA'A

usob
10/78

SEAMANSHIP OR MARITIME EXPERIENCES _____

DATE(S) OF ANY HOKULE'A VOYAGE(S) _____

RESUME: (SHORT BACKGROUND OF PROFESSIONAL AND VOLUNTEER EXPERIENCES AND CREDITS): *Please write on back of sheet.*

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- | | |
|--|---|
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| <input type="checkbox"/> PVS NEWSLETTER | <input type="checkbox"/> Assisting office staff on writing articles, typing, photography, and mailing |
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SEMINARS | <input type="checkbox"/> Setting up and manning booths, giving demonstrations on foods, music, canoe building, weaving, etc.... |
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| <input type="checkbox"/> OFFICE | <input type="checkbox"/> Assisting in printing and mailing materials, promoting memberships, etc.... |
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HOKULE'A | <input type="checkbox"/> Selling tee shirts, posters, Children's Books, memberships, etc.... |
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Please write on back of sheet.

Mahalo for taking the time to fill out this VOLUNTEER INFORMATION SHEET. We are looking forward to working with you on our SERVICE BOARD. Me ke aloha pumehana,

Willene Wailani Bell
 Willene Wailani Bell
 EDUCATION COORDINATOR
 841-3966 / 734-1016

WORK FLOW CHART FOR MODIFICATION REQUEST

Title	Role/Function	April	May	June	July	August	September
Vessel Supervisor	<u>Canoe Reconstruction & Training</u> - Woodwork - Lashing - Sails - Provisions - - -						
Crew Supervisor	<u>Seamanship and Training</u> - Water safety - Canoe handling - Physical/Mental - Spiritual Preparation - Survival Preparation - - - -						
Navigator	<u>Research/Data</u> - - -						

WORK FLOW CHART FOR MODIFICATION REQUEST

Title	Role/Function	April	May	June	July	August	September

CONFIDENTIAL MEDICAL HISTORY
THE HONOLULU MEDICAL GROUP

Please print all entries

HONOLULU, HAWAII

DATE:

1. Name: Last	First	Middle	2. Birth Date	3. HOME PHONE:	4. Racial Extraction
5. ADDRESS (No., street, city, zone, state)			6. Marital St. M S W D	7. PERSONAL PHYSICIAN — NAME	

8. FAMILY HISTORY:

RELATION	AGE	STATE OF HEALTH	IF DEAD—CAUSE OF DEATH	AGE AT DEATH	RELATION	AGE	STATE OF HEALTH	IF DEAD—CAUSE OF DEATH	AGE AT DEATH
FATHER					WIFE (HUSBAND)				
MOTHER									
BROTHERS OR SISTERS					CHILDREN				

9. HAS ANY BLOOD RELATIVE OR YOUR WIFE (OR HUSBAND) EVER HAD:

CHECK EACH ITEM	YES	NO	RELATION(S)	CHECK EACH ITEM	YES	NO	RELATION(S)
Tuberculosis				High Blood Pressure			
Diabetes				Asthma, Hay Fever or Hives			
Cancer				Mental Illness or Nervous Breakdown			

10. HAVE YOU EVER HAD OR HAVE YOU NOW:

CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO	CHECK EACH ITEM	YES	NO
Asthma			Indigestion (frequent or severe)			Tuberculosis		
Back or Neck Trouble			Kidney Stone or Blood in Urine			Ulcers or Stomach Trouble		
Bone or Joint Deformity			Liver Disease or Jaundice			Varicose Veins		
Bowel Habit Change			Loss of Appetite, Nausea or Vomiting			Venereal Disease		
Bone Fracture or Bone Disease			Malaria			Vision Difficulties		
Cancer, Cyst, Growth or Tumor			Nervous Breakdown			Weight Change, Past 5 Years		
Chest Pain or Pressure			Neuritis			PLEASE COMPLETE REVERSE SIDE		
Chronic Cough or Frequent Colds			Night Sweats					
Coughing or Vomiting Blood			Numbness, Weakness or Fatigue					
Depression or Excessive Worry			Piles, Rectal Trouble or Bleeding					
Diabetes			Rash or Hives					
Dizziness or Fainting			Reaction from Medicines or Serum			FOR WOMEN ONLY		
Ear, Nose or Throat Trouble			Rheumatic Fever or "Growing Pains"					
Epilepsy			Rheumatism or Arthritis			10a HAVE YOU EVER:		
Eye Injury or Defect			Rupture			CHECK EACH ITEM	YES	NO
Foot Trouble			Scarlet Fever			Been Pregnant (How many times) ____		
Gout			Shortness of Breath or Hoarseness			Had a Vaginal Discharge		
Hay Fever			Shoulder, Arm, or Hand Pain			Been Treated for a Female Disorder		
Headaches (frequent or severe)			Sinus Trouble			Had Painful Menstruation		
Head Injury			Sleeping Difficulties			Had Irregular Menstruation		
Hearing Difficulties			Sugar or Albumin in Urine			10b COMPLETE THE FOLLOWING:		
Heart Pounding or Palpitation			Swelling of Ankles or Feet					
Heart Trouble			Swollen or Painful Joints					
High Blood Pressure			"Trick" or "Locked" Knee			How often are your periods?		
						Length of Periods (Menses)		
						Date of Last Period		

PLEASE COMPLETE REVERSE SIDE

PLEASE CHECK EACH ITEM	YES	NO	
11. Have you had illness or injuries other than those listed?			If YES, describe and give age at which occurred.
12. Have you ever at any time been a patient in a hospital or sanitarium?			If YES, specify when, where and why.
13. Have you ever had a surgical operation or been advised to have one?			If YES, describe and give age at which occurred.
14. Have you ever served in any branch of the Armed Forces?			If YES, state Branch Are you receiving a Pension? <input type="checkbox"/> YES <input type="checkbox"/> NO
15. Have you ever been disqualified for duty in or discharged from the Armed Services for medical reasons?			If YES, give reasons.
16. Have you ever filed a compensation claim or received benefits as a result of an industrial injury or disease?			If YES, state when, where and type.
17. Has your work ever been limited or restricted on account of your health?			If YES, describe circumstance.
18. Have you lost time from work due to illness or injury during the past five years?			If YES, give number of days.
19. Have you ever been refused employment or life insurance because of your health?			If YES, state reason and give details.
20. Have you any physical complaints or disabilities at present?			If Yes, give details and duration.
21. Do you have any condition which may require a special work assignment?			If YES, specify type.
22. Have you ever consulted or been treated by clinics, physicians, healers or other practitioners within the past five years?			If YES, state reason and give details.
23. Are you now taking any medicines or vitamins?			If YES, specify
24. Do you use tobacco?			If YES, what form and how much daily.
25. Do you drink alcoholic beverages?			If YES, specify
26. List hobbies and recreation:			
27. Would you say your present health is: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> ?			

The preceding answers are true to the best of my knowledge and ability, and I understand the results of this examination will be transmitted to the Company to become a part of my medical record.

Signature

Physician's summary and elaboration of all positive and pertinent data, with personal and occupational history and history of present illness, if any.

POLYNESIAN VOYAGING SOCIETY

INVOICE NO. _____

BOX 6037 / HONOLULU / HAWAII 96818 / (808) 841-3966

THIS CAN BE USED AS AN INVOICE

PRESIDENT

BEN R. FINNEY, PH.D.

**BOARD OF
DIRECTORS**

PAIGE KAWELO
BARBER

LARRY A.
BURKHALTER J.D.

FRED CACHOLA, M.D.

RUDY CHOY

KENNETH P.
EMORY, PH.D.

CHARLES THOMAS
HOLMES, M.PH.

JAMES (KIMO) C. HUGHO

CAPTAIN
KAWIKA KAPAHULEHUA

HERB KAWAINUI
KANE, M.F.A.

DAVID LEWIS, M.D.

CECILIA KAPUA LINDO

CARL A. LINDQUIST

CAPTAIN
DAVID B. K. LYMAN, III

FRANK TABRAH, M.D.

FRANK WANDELL

R. LES WARREN, C.P.A.

AUGUST YEE

BENJAMIN B.C.
YOUNG, M.D.

Purchase Order No. _____

Date: _____

From: _____

Quantity	Unit	Description	Unit Price	Amount
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HAWAII



TAHITI

BICENTENNIAL VOYAGE OF REDISCOVERY

APPLICATION TO SAIL IN HAWAIIAN WATERS ABOARD HOKULEA

Here is an opportunity to gain, by personal experience, an awareness of the skills and attitudes of our Polynesian ancestors--the world's first ocean explorers and navigators.

Men and women of Hawaii who wish to sail aboard a performance-accurate replica of an ancient voyaging wa'a kaulua (double canoe) are invited to apply. During 1975 Hokulea will call at ports in Oahu, Kauai, Hawaii, Maui and Molokai. In each port scheduled sailing excursions and lectures will be held as well as special training for those who wish to learn ancient Hawaiian seamanship. Before departing, a crew of men and women will be selected for the voyage to the next port, where the program will be repeated. Those who are selected for these voyages are expected to contribute to provisioning costs and provide their own transportation home. All who sail aboard Hokulea must become members of the Polynesian Voyaging Society, and thus become part-owners of the vessel. (\$2 if you're under 17, and \$5 of you're older). The Society is a non-profit educational membership organization and all donations are tax-exempt. For members who are minors, applications to sail must also be signed by a parent or guardian.

Applicants will be notified of a selection of schedules. After a date is confirmed, those who do not show up will not be invited to sail again.

NAME: _____ SIGNATURE: _____
(please print)
(applicant will sail at his or her own risk)

SIGNATURE OF PARENT OR GUARDIAN (minors only): _____

ADDRESS: _____
(street) (town) (state) (zip)

PHONE: _____

For advance scheduling check your nearest port: _____Honolulu, _____Poka'i Bay, _____Kaneohe Bay, _____Hanalei, _____Wailua-Nawiliwili, _____Waimea, _____Hilo, _____Keauhou, _____Kailua-Kona, _____Kawaihae, _____Lahaina, _____Kaunakakai

Please check if you are interested in: _____supporting membership only, _____conducted sailing excursion, _____serious training

My choice of supporting membership:

- | | |
|--|---|
| <input type="checkbox"/> \$2 Aukukui (canoe maker apprentice) (under 17) | <input type="checkbox"/> \$100 Ho'okele wa'a (navigator) |
| <input type="checkbox"/> \$5 Hoe wa'a (paddler) | <input type="checkbox"/> \$250 Kahuna Kalai wa'a (canoe designer) |
| <input type="checkbox"/> \$15 Holokahiki (sailor) | <input type="checkbox"/> \$500 A'o hoku (astronomer) |
| <input type="checkbox"/> \$25 Kalai wa'a (canoe maker) | <input type="checkbox"/> \$1,000 Makua mea lokomaika'i (benefactor) |
| <input type="checkbox"/> \$50 Uli (steersman) | |

In 1976 a number of persons who made the port-to-port voyages in 1975 will be selected for intensive training of the 1976 Bicentennial Voyage to Tahiti and return. Since the Tahitian voyage will both recreate and celebrate the achievements of the Polynesian navigators who first discovered and settled Hawaii, the Society is particularly interested in having Hawaiians of Polynesian ancestry make up the majority of the crew. Qualifications for the Tahiti voyage will be:

- 1.) A good heart: Aloha, good humor, generosity, and a charitable regard for one's shipmates and for the canoe itself.
- 2.) Courage and strength: Mental and physical fortitude and endurance.
- 3.) Water skills: We prefer those who have an attitude of respect for the sea based on knowledge.
- 4.) Dedication.
- 5.) Maturity: Men and women who have had sufficient life experiences to enable them to endure unexpected difficulties.

As the crew committee, Polynesian Voyaging Society, we offer you a canoe and voyage. Aloha pumehana,

Herb Kawainui Kane

Charles Thomas Holmes

Kimo Hugo

Polynesian Voyaging Society, P.O. Box 6037 (Bishop Museum), Honolulu 96818

POLYNESIAN VOYAGING SOCIETY

CERTIFICATION OF CREW

HEREBY APPOINTED TO

IN THE RESPECTED POSITION OF

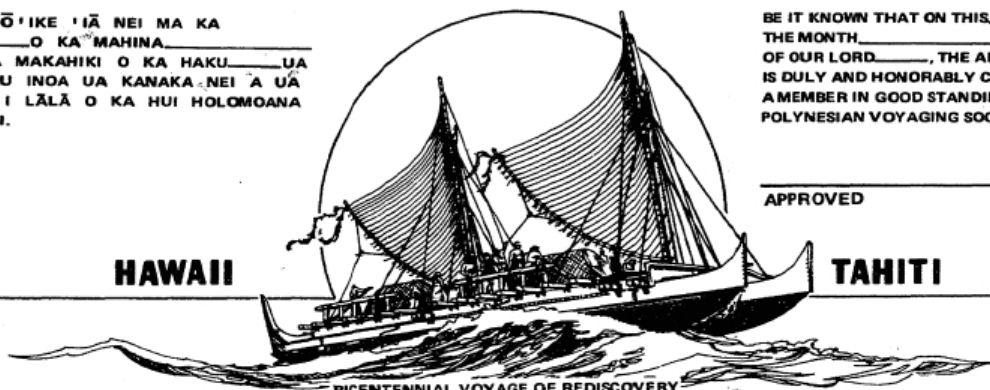
KE HŌ'IKE 'IA NEI MA KA
LĀ _____ O KA MAHINA _____
O KA MAKAHIKI O KA HAKU _____ UA
KĀKAU INOA UA KANAKA NEI 'A UĀ
LILO I LĀLĀ O KA HUI HOLOMOANA
MAOLI.

BE IT KNOWN THAT ON THIS _____ DAY OF
THE MONTH _____ OF THE YEAR
OF OUR LORD _____, THE ABOVE MEMBER
IS DULY AND HONORABLY CERTIFIED AS
A MEMBER IN GOOD STANDING OF THE
POLYNESIAN VOYAGING SOCIETY.

APPROVED

HAWAII

TAHITI



BICENTENNIAL VOYAGE OF REDISCOVERY
HOE AKU I KA WA'A

File Crew Sponsor Program



POLYNESIAN VOYAGING SOCIETY

A non profit organization formed to commemorate the discovery of Hawaii and to document the knowledge, strength and courage of those who first touched these and the shores of other Polynesian Islands. Without metals, charts or instruments. The Polynesian peoples explored and settled habitable islands within 15,000,000 square miles of earth's largest ocean, a feat which must rank forever as one of man's greatest accomplishments.

The Polynesian Voyaging Society invites your participation to celebrate the Historical maritime voyage of the canoe Hokule'a.



CREW SPONSOR PROGRAM

In old Polynesia, the building of an important seafaring vessel was a community project, in which everyone proudly contributed what they could. It was the custom of old Hawaii to hold a Ho'okupu in celebration of the completed task. Ho'okupu literally means; to make ceremonial tribute or gift giving as a sign of honor and consideration. Certainly the voyage of the canoe Hokule'a to Tahiti and return is a major event for all Hawaii.

The work of the Polynesian Voyaging Society, the canoe, and the voyage, will provide insight into the ancient methods of astronomy, navigation, artisanship, social organization, art, religion, food preservation, agriculture and animal husbandry skills which made the feat of transporting people, plants and animals over thousands of miles of water possible.

After the canoe Hokule'a returns to Hawaii in July of 1976, it will be made available to the people of Hawaii as a floating classroom for learning about ancient Polynesian maritime technology. Schools, workshops, community groups and organizations throughout the Hawaiian Islands will share in a learning adventure.

JOIN THE CREW SPONSOR PROGRAM

Imagine for a moment, yourself preparing for a long voyage of up to 90 days, away from job and business. You most certainly would be concerned about your loss of income and other financial obligations. We are sure you will quickly realize the tremendous personal sacrifices each crew member will have to make. As a Crew Sponsor, you can help the Polynesian Voyaging Society ease the financial burden of the crewmen. The Society must also provide funds for additional supplies and for unforeseen emergencies. Since not all crew members will sail the canoe both ways, funds are also needed to fly crew back to Hawaii and replacements to Tahiti.

BENEFITS OF THE CREW SPONSOR PROGRAM.

\$100 Sponsors will receive:

1. A specially illustrated, framed parchment of Hokule'a to commemorate your sponsorship or that of your corporation.
2. Membership in the Polynesian Voyaging Society entitling the recipient to P.V.S. news and events.
3. Copy of the National Geographic issue featuring the voyage of the Hokule'a.

\$250 Sponsors will receive:

1. A specially illustrated, framed parchment of Hokule'a to commemorate your sponsorship or that of your corporation.
2. Membership in the Polynesian Voyaging Society entitling the recipient to P.V.S. news and events.
3. Copy of the National Geographic issue featuring the voyage of the Hokule'a.
4. *Limited edition copy of the official book of the Hawaii-Tahiti-Hawaii commemorative voyage of discovery. To be written by Dr. Ben F. Finney and Herbert Kawainui Kane. Published by Dodd-Mead & Co..*

\$500 Sponsors will receive:

1. A specially illustrated, framed parchment of Hokule'a to commemorate your sponsorship or that of your corporation.
2. Membership in the Polynesian Voyaging Society entitling the recipient to P.V.S. news and events.
3. Copy of the National Geographic issue featuring the voyage of the Hokule'a.
4. *Autographed, bound, limited edition of the official book of the Hawaii-Tahiti-Hawaii commemorative voyage of discovery. To be written by Dr. Ben F. Finney and Herbert Kawainui Kane. Published by Dodd-Mead & Co..*

\$1,000 Sponsors will receive:

1. A specially illustrated, framed parchment of Hokule'a to commemorate your sponsorship or that of your corporation.
2. Membership in the Polynesian Voyaging Society entitling the recipient to P.V.S. news and events.
3. Copy of the National Geographic issue featuring the voyage of Hokule'a and *personally autographed by members of the crew.*
4. *Autographed, bound, limited edition of the official book of the Hawaii-Tahiti-Hawaii commemorative voyage of discovery. To be written by Dr. Ben F. Finney and Herbert Kawainui Kane. Published by Dodd-Mead & Co..*
5. Plus special recognition as a sponsor in all appropriate publications.

HOW SPONSOR DONATIONS CAN BE MADE

1. Lump sum preferred.
2. By way of pledge payment plan.
Remember.....All sponsor donations are tax deductible.

MAIL TO:

POLYNESIAN VOYAGING SOCIETY
P.O. BOX 6037 BISHOP MUSEUM
HONOLULU, HAWAII 96818

Join your business and professional neighbors as a joint sponsor of this voyage of international importance.

A PARTIAL LIST OF MAJOR SPONSORS

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PROGRAM: YETP ☐ YCCIP ☐ ADULT ☐

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LENGTH OF ACTIVITY: START: _____ END: _____

NAME OF PARTICIPANT: _____ SS# _____ I CERTIFY THAT THE BELOW TO BE A CORRECT ACCOUNT OF HOURS WORKED.

PAYROLL PERIOD: _____ TO _____ PARTICIPANT'S SIGNATURE: _____ DATE: _____

EMPLOYED BY: _____ SUPERVISOR'S SIGNATURE: _____ DATE: _____

RECEIVED BY: _____

IPS/YPS SIGNATURE: _____ DATE: _____

[illegible]

H - HOLIDAY
S - SICK LEAVE
V - VACATION

* EVALUATION AND COMMENT SECTIONS TO BE COMPLETED AT END OF MONTH!

** IF RATING THE ENROLLEE IN THESE AREAS, PLEASE ELABORATE IN THE "COMMENT SECTION."

SUPERVISOR'S EVALUATION OF ENROLEE'S PERFORMANCE									
I. OPERATIONAL SKILLS:		SIGNIFICANTLY ABOVE SATISFACTORY				SIGNIFICANTLY BELOW SATISFACTORY			
A:	KNOWLEDGE OF WORK	()	()	()	()	()	()	()	()
B:	QUALITY OF WORK	()	()	()	()	()	()	()	()
C:	QUANTITY OF WORK	()	()	()	()	()	()	()	()
D:	OVERALL OPERATIONAL TRAITS	()	()	()	()	()	()	()	()
						**			
II. PERSONAL TRAITS:		SIGNIFICANTLY ABOVE SATISFACTORY				SIGNIFICANTLY BELOW SATISFACTORY			
A:	ATTENDANCE	()	()	()	()	()	()	()	()
B:	PUNCTUALITY	()	()	()	()	()	()	()	()
C:	ATTITUDE	()	()	()	()	()	()	()	()
D:	RESPONSIBILITY	()	()	()	()	()	()	()	()
E:	DEPENDABILITY	()	()	()	()	()	()	()	()
F:	INITIATIVE	()	()	()	()	()	()	()	()
G:	TOLERANCE FOR CRITICISM	()	()	()	()	()	()	()	()
H:	OVERALL PERSONAL TRAITS	()	()	()	()	()	()	()	()
						**			

COMMENTS	
SUPERVISOR'S OBSERVATION:	
PARTICIPANT'S COMMENTS:	