N.W.P.O.R

 Northwest Paranormal & Occult Research

**Member Application Form**

Thank you for your interest in becoming a **Northwest Paranormal & Occult Research** team member. Please complete this form accurately & completely then return it to us. Each section is used in an effort to determine the best possible candidate for consideration.

**Name and Contact Information**

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|  |

 Street Address:

Mailing Address:

 City: State: Zip:

 Home Phone:

 Preferred

 Mobile Phone:

 Preferred

 Email Address:

**Personal Information**

 Date of birth:

 Gender: **M** or **F**

 Education:

 Ethnicity:

**Availability**

Please Indicate the days and times you are usually available:

Sun Mon Tue Wed Thu Fri Sat

 Morning:

 Afternoon:

 Evening:

**Personal Questionnaire**

Check only those that apply & any additional information in the box provided.

 Regular Internet access

 Transportation

 Tobacco user

 Physical disability **List:**

 Mental disability **List:**

Illegal drug use

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 Alcoholism

 Allergies **List:**

 Phobia(s)

 Religious beliefs **List:**

 Digital Camera

 Digital Voice Recorder

 Night Vision Camcorder

 EMF Meter

**Employment Status**

Please indicate your employment status. (**F**ull-Time, **P**art-Time, **S**tudent, **R**etired, **U**nemployed)

 Employer Name:

 Job Title:

 Street Address:

 Mailing Address:

 City:

 State: Zip:

 Work Phone: OK to call

**Emergency Contact**

 First Name:

 Last Name:

 Street Address:

 City:

 State: Zip:

 Primary Phone:

Secondary Phone:

**Background Info**

Experience as Paranormal Investigator:

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