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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