

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:

Street Address:	<input type="text"/>
Mailing Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Home Phone:	<input type="text"/>
Mobile Phone:	<input type="text"/>
Mobile or Home Preferred:	<input type="text"/>
Email Address:	<input type="text"/>

Personal Information:

Date of Birth:	<input type="text"/>
Gender: (optional)	<input type="text"/>
Highest Level of Education:	<input type="text"/>
Ethnicity: (optional)	<input type="text"/>

Availability: (Please place Y/N for each)

Days:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Questionnaire:

Please indicate a Y in any of the following that apply and include additional information in the box provided below:

Regular Internet Access:	<input type="checkbox"/>
Transportation:	<input type="checkbox"/>
Tobacco User:	<input type="checkbox"/>
Physical Disability:	<input type="checkbox"/>
Mental Disability:	<input type="checkbox"/>
Illegal Drug Use:	<input type="checkbox"/>
Alcoholism:	<input type="checkbox"/>
Allergies:	<input type="checkbox"/>
Phobia:	<input type="checkbox"/>
Religious Beliefs:	<input type="checkbox"/>
Digital Camera:	<input type="checkbox"/>
Digital Voice Recorder:	<input type="checkbox"/>
Night Vision Camcorder:	<input type="checkbox"/>
EMF Meter:	<input type="checkbox"/>

City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Primary Phone:	<input type="text"/>
Secondary Phone:	<input type="text"/>

Background Info:

Experience as a Paranormal Investigator:

Personal Experiences(s) With the Paranormal:

How well do you deal with pressure or potential frightening situations? Please be specific:

What do you hope to gain from being a part of this group?

What ways can you contribute to the group? How well do you get along with other people?

Are there any current legal issues you are going through or criminal history that would be potentially unfavorable for our team or clients?

Please tell us a little about yourself:

