

P.O.R.T.

Paranormal & Occult Research Team

Member Application Form

Thank you for your interest in becoming a 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

First Name:

Last Name:

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:	<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

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
- Alcoholism
- Allergies | List:

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- Phobia(s) | List:
- Religious beliefs | List:
- Digital Camera
- Digital Voice Recorder
- Night Vision Camcorder
- EMF Meter
-
-
-

Employment Status

Please indicate your employment status. Full-Time, Part-Time, Student, Retired, Unemployed)

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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Personal experience(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 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 possibly be unfavorable for our clients?

Tell us a little about yourself:

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Member Agreement

I certify that the information given on this application is true, accurate and complete to the best of my knowledge. I understand that any false statements made by me may be used as a basis for rejection of membership. I know that it is the policy of the Paranormal & Occult Research Team to afford equal opportunity to all members and applicants without regard to sex, race, religion, sexual orientation, national origin or marital status. I understand that P.O.R.T. is a Non-Profit organization and no member is paid for their time with P.O.R.T. If my application for membership is accepted, I am required to pay my annual membership fee before my membership is activated. I also understand that each member is expected to pay their membership fees within 30 days after their Membership Date has passed annually. I agree to follow all investigation policies, practices and adhere to the P.O.R.T. Mission Statement. I agree that if I no longer choose to participate or have been revoked of my membership with P.O.R.T. for any reason at any time after paying my annual membership fee that I forfeit my prior paid membership fee. I agree to return any property (i.e.: Equipment, tools, supplies, artifacts, media, etc.) of P.O.R.T.'s or associated material in a timely manner. If I choose to use my own equipment (i.e.: camera, camcorder, EMF meter, etc.) that I do so at my own risk. I agree to release all associated media, data or records to P.O.R.T. related cases that have been stored on my equipment. If I loan P.O.R.T. or any of its members any of my equipment, I understand that I do so at my risk as well. P.O.R.T. nor its members will be held accountable for damage or loss of my equipment. I understand that P.O.R.T. will issue me an email address that I am to use only for P.O.R.T. cases. If I no longer am a member of P.O.R.T. I agree to return the email address and its associated password so P.O.R.T. can recover any valuable data and disable the account.

I Agree

Applicants Signature _____

Date _____