

Bi-City Paranormal Research (BCPR)

Member Application Form

First Name _____ Last Name _____

Contact Information

Address
Street _____
City _____ State _____ Zip _____
County _____

Phone (include area code)
Phone _____ Cell _____
Email _____

How do you prefer to be contacted?
Mail ___ Phone ___ Cell ___ Email ___ Other _____
Best time to contact you? _____ a.m. / p.m.

Personal Information
Age _____ Date of Birth ___/___/___

Education

___ High School
___ Some College
___ College Graduate Degree _____
___ Tech School
Occupation _____

Have you been convicted of a crime other than misdemeanor? ___ No ___ Yes
Type of Crime _____

Investigations

Are you available late at night (9pm-1am+) on weekends? ___ No ___ Yes
Are you available evenings (6pm-11pm+) on weeknights? ___ No ___ Yes
Will you be able to attend cases over an hour or more away? ___ No ___ Yes
Do you have reliable transportation? ___ No ___ Yes
Are you currently affiliated with another paranormal group past or present? ___ No ___ Yes
Name of group _____
Location _____
May we contact this group? ___ No ___ Yes
Do you agree to follow all rules and policies of BCPR by filling out a waiver form? ___ No ___ Yes

Any previous investigation experience, please list? (Not necessary to join).

Any experience in photography, videography, audio technology, electronics, psychology or other field(s) you think would be of assistance to BCPR, please list? (Not necessary to join).

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Any experience with ghosts/haunting, please list? (Not necessary to join)

Why do you want to join BCPR, please list detailed answer? (Hint: this is one of the most important questions on this form).

List any equipment you already own, please be detailed?

Additional Comments or Questions

I certify that I am of sound mind and in good health. I understand that the conditions that I will be exposed to can cause emotional and physical stress. I do not have any medical or mental conditions that will put myself, members and clients at risk. I release BCPR and it's members from any liability pertaining to any physical and mental damages that I may obtain during official BCPR events. I also certify all my above answers to be true. Lastly, I will fill out a BCPR waiver form should I be selected to join BCPR.

Full Printed Name / Full Signature

Date