

# VIRGINIA PARANORMAL INVESTIGATIONS



## TEAM MEMBER APPLICATION



### PERSONAL

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ US Citizen?  Yes  No Active military or a veteran?  Yes  No  
Have you been convicted of a felony? If yes, when and for what? \_\_\_\_\_  
Have you been convicted of a misdemeanor? If yes, when and for what? \_\_\_\_\_  
Willing to submit to a background check?  Yes  No Religion/spiritual preference \_\_\_\_\_  
Marital Status  Single  Married Number of Children \_\_\_\_\_ Ages of Children \_\_\_\_\_

### AVAILABILITY

Availability  Friday from \_\_\_\_ to \_\_\_\_  Saturday from \_\_\_\_ to \_\_\_\_  Sunday from \_\_\_\_ to \_\_\_\_  
For overnight investigations, are you willing to contribute to the cost of a hotel room or campsite?  Yes  No  
Do you own a reliable vehicle?  Yes  No Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Color \_\_\_\_\_  
VAPI will provide transportation for some team members to accept an event invite. If more team members are required, are you willing to provide transportation for yourself and other team members?  Yes  No  
How far from home are you willing to travel? (in miles) \_\_\_\_\_ Typical bedtime on weekends \_\_\_\_\_  
List any annual events that may interfere with weekend investigations \_\_\_\_\_  
\_\_\_\_\_

### PHYSICAL AND MENTAL HEALTH

List known health conditions \_\_\_\_\_  
Do you require medication? If so, which ones? \_\_\_\_\_  
\_\_\_\_\_  
Known allergies to food, medications, environmental conditions \_\_\_\_\_  
\_\_\_\_\_  
Known psychological conditions \_\_\_\_\_  
Do you have poor vision?  Yes  No When? (all the time, or just at night) \_\_\_\_\_  
Physical conditions that prevent you from standing for long periods, climbing ladders and steps, etc. \_\_\_\_\_  
\_\_\_\_\_  
Fears/Phobias (Check all that apply)  Water  Confined Spaces  Heights  Insects  Snakes  
 Dark  Domestic Animals  Woods at Night  Other: \_\_\_\_\_  
Do you have problems following directions?  Yes  No Do you have problems w/ authority?  Yes  No  
Do you consider yourself to have a good sense of humor?  Yes  No  
What are your mental strengths & weaknesses? \_\_\_\_\_  
\_\_\_\_\_

## SKILLS AND EXPERIENCE

Brief summary of experience with the paranormal \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College Degree, if any \_\_\_\_\_ Major/Concentration \_\_\_\_\_

Special skills or training  Videography  Photography  Management  Audio or Video Analysis  
 Public Speaking  Surveillance System Setup/Ops  Investigation  Interviewing

## ACKNOWLEDGEMENTS

By signing below, the applicant attests that all information provided in the application is true to the best of his/her knowledge. The applicant understands that false information and information withheld is grounds for immediate dismissal from the team.

The applicant understands that, if his/her application is accepted, the applicant will be required to sign the VAPI Policies and Procedures Manual and successfully complete a 90-day trial period prior to becoming an official team member.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_