

O.P.I.N. Membership Application

Note: All potential members who submit an application are subject to a background check and pre-screening. This application does not imply membership to the Ohio Paranormal Investigation Network as a follow-up and group interaction will be necessary prior to acceptance. This application must be handed directly to Brian Parsons, the Director of O.P.I.N. at our initial meeting (will most likely occur before or during group meeting).

Please print legibly and complete all fields. All information is strictly confidential.

Full Legal Name:		Previous Legal Name(s) (married, maiden names, etc.):	
Email Address:		Website:	
Street Address:			Apt/Suite:
City:	State/Province:	County:	Country:
Primary Phone Number + Area Code: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Secondary Phone Number + Area Code: <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Please list street addresses and counties for the past 5 years (if different than above):			
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Position Applying for: <input type="checkbox"/> Unknown
Emergency Contact Name:		Emergency Contact Phone Number + Area Code:	Relationship:
Have you been convicted of a crime within the past 10 years?			
<input type="checkbox"/> NO <input type="checkbox"/> YES, Describe:			
Have you been arrested for Driving Under the Influence (DUI) within the past 10 years?			
<input type="checkbox"/> NO <input type="checkbox"/> YES, Describe:			
Are you currently taking prescription medication for depression, schizophrenia, bi-polar disorder, or any mental health or mood disorder?			
<input type="checkbox"/> NO <input type="checkbox"/> YES, Please list medication and purpose:			
Have you taken prescription medication within the past 5 years for depression, schizophrenia, bi-polar disorder, or any mental health or mood disorder?			
<input type="checkbox"/> NO <input type="checkbox"/> YES, Please list medication and purpose:			
Why do you want to join the team? Why this particular one? (Use separate page if necessary)			
What are your goals with investigating the paranormal? (Use separate page if necessary)			
What can you contribute to the group? (Degree, technical training, interviewing skills, psychic, etc.) (Use separate page if necessary)			

<p>Have you worked with any prior paranormal groups? If so, who and for how long? If so, are you currently working with them and if not, why are you no longer with them?</p>
<p>Do you own, or have you read, any books on paranormal investigation? If so, which ones?</p>
<p>Are you able to dedicate time daily to read e-mail, weekly to utilize our online community, and monthly to attend meetings and conduct interviews/investigations?</p>
<p>What will your current schedule allow you to have time to help with investigations and interviews (as well as other group activity)?</p>
<p>By becoming a paranormal investigator, the primary questions I want to answer are:</p>
<p>As a paranormal investigator, I want my greatest contribution(s) to the paranormal field to be:</p>
<p>I have read the mission statement and the statement regarding what we provide as well as our expectations, do you agree with these terms? (Reminder that your status as an investigator can be terminated at any time for inactivity or for any other reason we see fit)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> NO, please describe why:</p>

By submitting this application to become a member of the Ohio Paranormal Investigation Network, I attest that all of the information above is truthful and accurate to the best of my knowledge. Furthermore, I acknowledge that I have read and will comply with the Ohio Paranormal Investigation Network's Standards, Protocols, and Shared Values if accepted as a member. I also agree to indemnify and hold harmless the Ohio Paranormal Investigation Network, its Founders, Directors, clients past or present, any other member past or present, and/or any other person for any personal risk or injury associated with performing team functions, research, and investigations. I understand and agree that a confidential background check will be performed. I certify that I act at my own risk, of my own accord, and of my own free will. I understand that the group's Standards, Protocols, and Shared Values are updated occasionally and I agree to abide by the updates or resign from the team.

Applicant Signature

Date