

CMPI

Members Application

Personal Data:

Name (Full): _____ **(Nickname):** _____

Position Applying For: _____

Home Address: _____

E-Mail Address: _____

Phone: _____ **Cell:** _____

Date of Birth: _____

Employment

Employer: _____ **Phone:** _____ **Ext** _____

Are we able to contact you at work? _____

Job Title: _____ **Description:** _____

Transportation and Travel

Investigations usually take place late into the night on weekends, and meetings are normally held the first and third Tuesday of every month. However, though this doesn't happen often, but we speak at lectures, teach classes, on weeknights as well. CMPI also have investigations that are held out of state or require that us to stay overnight.

Do you have your own transportation? _____

Are you willing to use your vehicle for investigations? _____

Are you able to attend meetings, classes etc. on weeknights? _____

Are you able to attend overnight investigations? _____

Please indicate any concerns you may have about overnight investigations or scheduling: _____

Experience:

Have you ever been on a cemetery or other outdoor investigation? _____

Have you ever been to a house or other indoor investigation? _____

Have you ever been involved with other organized paranormal groups? _____

Name and location of prior group?

How long ago/for how long? _____

Other positions held?

Do you have psychic abilities?

If yes, describe briefly:

Have you ever had a paranormal experience? Describe briefly:

What do you feel you have to offer CMPI?

Field Equipment:

Members are expected to have their own flashlights, camera, and voice recorder, as well as any other equipment they may choose. They are also expected to provide their own pens, notepaper, clipboard etc. The group does provide batteries and other specialized equipment to be used.

Do you currently have any of your own investigation equipment? _____

Voice recorder: _____ Digital or Analogue? _____

Still Camera: _____ Digital or Film? _____ Type: _____

Video Camera: _____ Hi-8 _____ VHS-C _____ Type: _____

Infra-Red _____ Attached: _____ External: _____

Compass: _____ Dowsing Rods: _____ Other: _____

Home Equipment:

Do you have your own or normal access to a home computer? _____

Internet Access: Cable: _____ DSL: _____ Dial-Up _____

None: _____ Operating Systems: Windows 7: _____ Windows Vista: _____

Windows XP: _____ 2000: _____ ME: _____ 98: _____ Other: _____

Microsoft Office: _____

What type of computer proficiency do you have? _____

Due to the nature of our investigations and activities, certain medical and contact information should be provided to the CMPI administration. Please be assured that this information is kept confidential unless an emergency situation arises, and then only released as necessary.

Please provide at least one person we can contact in case of an emergency:

Name: _____ Relation: _____

Phone: _____ Cell: _____

Alternate #: _____

Address/ Other Info:

Medical Information:

Please list any physical restrictions or medical conditions that we should be aware of, including the name and frequency of any medications as well as any allergies to medications:
