

PSI Paranormal Scientific Investigators

Agent Information Sheet
(Please print all information)

Full Name: _____

Nickname: _____ Date: _____

Birth date: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell: _____

Work Phone: _____ E-mail: _____

Gender: _____ Age: _____

Do you have any medical issues and or take prescription medicine? Explain.

Can you provide your own transportation? Yes No

What equipment do you own and could use during an investigation:

<input type="checkbox"/> UV Light	<input type="checkbox"/> EMF Detector	<input type="checkbox"/> Camcorder	<input type="checkbox"/> Walkie Talkies
<input type="checkbox"/> Flashlight	<input type="checkbox"/> Measuring Tape	<input type="checkbox"/> Thermometer	<input type="checkbox"/> Ion Detector
<input type="checkbox"/> Laptop	<input type="checkbox"/> 35mm Camera	<input type="checkbox"/> Tape Recorder	<input type="checkbox"/>
<input type="checkbox"/> Compass	<input type="checkbox"/> Digital Camera	<input type="checkbox"/> Motion Sensor	<input type="checkbox"/> Other: _____

What special skills do you possess? _____

Can you conduct an overnight investigation? Yes No

Do you wear glasses? Yes No

What is your religion? _____

Do you know of any haunted locations that we could investigate? Yes No

As a agent of **PSI** Paranormal Scientific Investigators I hereby agree to obey by any rules set forth by the founders of this organization and understand that any misconduct could result in my dismissal. I also agree to the following statements:

1. **PSI** members will always dress, act, and conduct themselves as a trained professional during an investigation.
2. **PSI** members will always respect the property they are investigating including statues, monuments or furniture etc.
3. **PSI** members will not discuss any information gathered during an investigation with anyone outside of the investigation team and property owner without written permission from the property owner.
4. **PSI** members will not harass other members of our organization or people associated with an investigation site. Nor will they act in an inappropriate manner.
5. As we are a scientific organization all views and opinions of both members and non-members will be respected.
6. No **PSI** member will knowingly take that which does not belong to them.
7. If any member takes medication (whether it's an over the counter drug or prescribed by a doctor) they are to notify a co-chair at the time of an investigation.
8. We understand that everyone has families and emergencies happen but we ask that cell phone use during an investigation is kept to a minimum.
9. As we are a non-profit organization every member should help in the cost of expenses involved in the case they are on. (Transportation, equipment and time etc.)
11. No member is allowed to use **PSI** logos or trademarks without written permission from **PSI** co-chairs.
12. All **PSI** members are to be required to be pairs during all investigations- this is to insure a quality investigation and your safety.

Do you believe in paranormal activity? Yes No

Have you ever experienced paranormal activity? Yes No

If yes please explain: _____

What role do you wish to play as a member of the **PSI** Paranormal Scientific Investigators?

What days are you available for an investigation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Noon	<input type="checkbox"/> Noon	<input type="checkbox"/> Noon	<input type="checkbox"/> Noon	<input type="checkbox"/> Noon	<input type="checkbox"/> Noon	<input type="checkbox"/> Noon
<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night

What level of education do you have and what was your major?

What, if any, background experience do you have that could be related to ghost hunting?

Do you or anyone in your family have schizophrenia or any other type of mental illnesses?

Do you consider yourself sensitive to the paranormal? Or do you consider yourself a medium? If so why?

Agent: (You are not considered, nor shall you act as a member of **PSI** until all founders have signed and you have received a written letter saying you are a member.)

Name: (Print) _____

Signature: _____ Date: _____

Founders:

Name: (Print) _____

Signature: _____ Date: _____

Name: (Print) _____

Signature: _____ Date: _____

