



PSGH use only

Date Received: _____

Reviewed By: _____

Membership Status: _____

INVESTIGATION TEAM APPLICATION

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Primary Phone: _____ - _____ - _____ Alternate Phone: _____ - _____ - _____

E-mail Address: _____

Emergency Contact Name: _____

Emergency Phone: _____ - _____ - _____ Alternate EMG Phone: _____ - _____ - _____

Why do you wish to join PSGH? _____

How many meetings per month can you attend? _____

How many weekends per month can you devote to investigations? _____

Why do you want to be a PSGH investigator? _____

How would you describe yourself? (mark all that apply)

Observant ___ Receptive ___ Intuitive ___ Skeptical ___ Psychic ___ Independent ___

Excitable ___ Scientific ___ Spiritual ___ Patient ___ Technical ___ Calm ___ Detail Oriented ___

Dependable ___ Objective ___ Extraverted ___ Cautious ___ Creative ___ Realistic ___ Shy ___

Reliable ___ Stubborn ___ Competitive ___ Demanding ___ Punctual ___ Watchful ___

Rigid ___ Friendly ___ Goal Oriented ___ Accurate ___ Attentive ___ Flexible ___ Logical ___

Describe any psychic abilities you have and how they are developed: _____

_____ Are you willing to be tested? _____

Do you believe in ghosts and spirits? _____

How long have you been interested in the paranormal? _____

What parts of the paranormal interest you the most? _____

Have you ever personally experienced anything paranormal? _____

(if yes, describe) _____

List any special talents you have that might be important during a paranormal investigation: _____

Describe your investigation experience: (List other groups you have belonged to and your role) _____

What would you consider good evidence of a haunting: (ie: ORBS, EVP etc) _____

What equipment do you currently own? _____

Please check all that apply:

- I am at least 18 years old.
- I do not have a history of mental problems.
- I do not have a criminal background.
- I have a job or a steady income.
- I can provide my own transportation to and from investigations.
- I am not currently taking any medication that may cause hallucinations or impair judgment.
- I am not currently being treated for manic depression, schizophrenia, hallucinations, personality disorders, alcoholism, drug addictions, or any other medical condition that may endanger myself or other team members.
- All statements made in this application above are true.**

_____ Date _____
Signature