



# QUABBIN VALLEY PARANORMAL

Investigating the Paranormal in New England Since 2007

## Membership Application

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for investigations/activities?	
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

### Additional Information

How did you hear about our group?
Have you ever belonged to another group? If So What Group?
Do you have access to a vehicle and have driver's license?
What is your current occupation?
Do you agree to the one year probationary period?
Have you ever been convicted of a crime? If Yes, What?
Do you agree to attend at least 50% of all group activities?
Do you agree to pay the established monthly dues?
Do you agree to abide by all policies and procedures established by QVP?

**Why do you want to join QVP?**

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**Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Evidence Collected**

All evidence and information collected while on a QVP investigation is the property of QVP. No evidence or information shall be used or displayed by QVP members without written permission of the QVP director.

**Member At Will**

Members may be released from the group at any time at the discretion of the QVP management team.

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

**STAFF USE ONLY**

RECEIVED BY	
DATE RECEIVED	