

# NORTHERN LIGHTS PARANORMAL

## Active Membership Application

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Northern Lights Paranormal will consider all applicants without regard to race, color, creed, religion, national origin, age, sex, gender identity, marital status, sexual orientation, disability, social or economic status, education, external appearance or any other status protected by law. It is law that we collect, maintain, use or disseminate records with identifiable personal information only for necessary and lawful purposes. Disclosure of your Social Security Number (SSN) is voluntary. However, non-disclosure may prevent our ability to verify your information and may result in your application being denied.

The following Personal Information will be used for identification purposes only.

PERSONAL INFORMATION						
Legal Name:	First	M.I.	Last			
Preferred Name:			Birth Date:	Month	Day	Year
SSN:	### - ## - ####	Gender:	F/M	Ethnicity:		

The following Contact Information will be used for internal communication only.

CONTACT INFORMATION					
Phone:	xxx xxx-xxxx	Cell <input type="checkbox"/>	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Email: _____@_____
Physical Address:				City	State ZIP+4
Mailing Address:				City	State ZIP+4

Answering 'YES' to any of the following Legal Questions will not necessarily result in an automatic barring of membership. Each incident will be merited accordingly and on a case-by-case basis.

LEGAL QUESTIONS			
Have you ever been convicted of a Felony?	Yes/No	Past 10 years?	Yes/No
Have you ever been convicted of a Misdemeanor?			Yes/No
Have you ever been convicted of crimes against persons?			Yes/No
Have you ever been convicted of an offense involving domestic violence?			Yes/No
Have you ever been convicted of an offense involving sexual abuse?			Yes/No
Have you ever been convicted of an offense involving illegal drugs/substances?			Yes/No
Have you ever been convicted of reckless driving or any other moving offense?			Yes/No
Have you ever been convicted of DUI or DWI?			Yes/No
Have you ever been arrested for DUI or DWI?			Yes/No

DRIVING QUESTION				
Do you possess a valid Driver License?	Yes/No	State	Driver License #	

The following Emergency Information will be used to aid and assist Emergency Responders in the actual event of injury or death while performing duties with Northern Lights Paranormal.

EMERGENCY INFORMATION				
Blood Type:		Diabetic:	Yes/No	Other Conditions:
Medication Alerts:				
Drug Allergies:				
Continue Medication Alerts and/or Drug Allergies				
Additional Details				
Emergency Contact:	Name		Primary Phone:	
Relationship:			Other Phone:	
Next of Kin:	Name, Relationship			
Additional Contacts:				

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PROFESSIONAL CERTIFICATIONS & LICENSES							
EMT/Paramedic	Number	Date	RN	Number	Date	CPR	Exp.
Fire Dept./EMS		Organization Name		Other Skills/Qualifications:			
Location:		City	State				
From Date:	MM/YY	To Date:	MM/YY				

UNITED STATES ARMED FORCES			
Are you currently enlisted?	Yes/No	Are you a veteran?	Yes/No
Are you currently active duty?	Yes/No	Which branch?	

EDUCATIONAL EXPERIENCE				
High School:	Name	City	State	Country
Studies:		Dates of Attendance:	Beginning	Ending
Technical School:	Name	City	State	Country
Degree:		Dates of Attendance:	Beginning	Ending
Vocational School:	Name	City	State	Country
Degree:		Dates of Attendance:	Beginning	Ending
College:	Name	City	State	Country
Degree:		Dates of Attendance:	Beginning	Ending
University:	Name	City	State	Country
Degree:		Dates of Attendance:	Beginning	Ending
Special courses:		City	State	Country
		Dates of Attendance:	Beginning	Ending
Training:		City	State	Country
		Dates of Attendance:	Beginning	Ending

REFERENCES	
Please provide three professional references.	Please provide three personal references.
Reference name and contact information.	Reference name and contact information.
Reference name and contact information.	Reference name and contact information.
Reference name and contact information.	Reference name and contact information.

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By completing and submitting this application, I, \_\_\_\_\_ (your printed legal name) \_\_\_\_\_ ,

- Certify that the information contained in this application is true and complete to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of this application or for immediate termination at any point in the future.

**X** Sign or initial to indicate your understanding and consent.

- Understand a criminal history and background check, MVR/driving record check and substance abuse tests may be conducted at any time deemed necessary by Northern Lights Paranormal.

**X** Sign or initial to indicate your understanding and consent.

- Authorize Northern Lights Paranormal to mutually exchange both verbal and written information/records with other organizations and government agencies. This signed application or facsimile constitutes my express consent to authorize such a verification of information and investigation into my background and general character. A facsimile of this application is just as valid and carries the same authority as the original.

**X** Sign or initial to indicate your understanding and consent.

- Understand that my records are protected under Federal regulations governing confidentiality of alcohol and drug abuse patient's records (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

**X** Sign or initial to indicate your understanding and consent.

- Confirm that, to the best of my knowledge, I am in good physical and medical condition, of sound mind and mental stability.

**X** Sign or initial to indicate your understanding and consent.

- Willingly agree that any loss or damage of personal property used while providing volunteer services to Northern Lights Paranormal or to any individual involved with Northern Lights Paranormal or any other organization is not reimbursable by any of the aforementioned parties.

**X** Sign or initial to indicate your understanding and consent.

- Will remove myself from participation if I observe any unusual significant hazard during my presence or participation and immediately bring such to the attention of the nearest official

**X** Sign or initial to indicate your understanding and consent.

- Knowingly and freely assume all risks, both known and unknown, even if arising from the negligence of Northern Lights Paranormal, it's appointed agents or others and assume full responsibility for my participation.

**X** Sign or initial to indicate your understanding and consent.

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- Understand that paranormal investigation is a potentially hazardous and sometimes dangerous activity due to numerous environmental variables. Numerous risks of serious injury or death, bodily harm, or damage to property exist from accidents and incidents involving, but not exclusively:  
Physical hazards (*dangerous storms; hypothermia; sun or heat exposure; vehicle/vessel transportation and transfer; wildlife; natural/man made terrain; violent/mentally ill persons*);  
Emotional hazards (*panic; fear; temporary mood swings*);  
Safety and Security hazards (*potential theft of equipment or personal property*);  
Spiritual hazards (*mysterious physical symptoms; entity assault*);  
Other unforeseen events;  
And while safety procedures, personal protective equipment and personal discipline may reduce these risks, the risk of serious injury or death does exist.  
**X** [Sign or initial to indicate your understanding and consent.](#)
- Give my consent to authorize qualified personnel to administer first aid and basic life saving procedures as may be necessary and also permit such treatment procedures to be carried out at, and by local medical facilities or hospitals in the event of an emergency. I understand that any medical expenses will be billed directly to my insurance or me.  
**X** [Sign or initial to indicate your understanding and consent.](#)
- For myself and on behalf of my heirs, assigns, personal representative and next of kin, agree not to sue or pursue litigation and hereby release and hold harmless Northern Lights Paranormal, its officers, directors, agents and/or employees; vehicle/vessel operators and/or owners; any other business or private volunteers directly associated with Northern Lights Paranormal; and, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from negligence or otherwise.  
**X** [Sign or initial to indicate your understanding and consent.](#)
- Further understand Northern Lights Paranormal maintains no liability insurance.  
**X** [Sign or initial to indicate your understanding and consent.](#)
- Understand that this application is not considered complete until I have signed it. I am signing this willingly, without coercion or under duress. Each signature was made with a complete understanding of content and consent.  
**X** [Sign or initial to indicate your understanding and consent.](#)
- Further understand I have given up substantial rights by signing it and sign it voluntarily without any inducement.  
**X** [Sign or initial to indicate your understanding and consent.](#)

Signature: **X**

Printed Name:

Date: Month Day Year

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**STATEMENT OF NOTARY**

**Note: Notary seal must be visible.**

State / Commonwealth of \_\_\_\_\_ )  
 ) ss.  
 County / Borough / Parish / District of \_\_\_\_\_ )

**AFFIANT OATH**

*Notary:* Do you solemnly swear or affirm that the statements contained in this instrument are true to the best of your knowledge and belief?

*Affiant:* I do.

Signature of Affiant: **X**

**ACKNOWLEDGMENT**

Before me, the undersigned notary public, on this day personally appeared \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained, and who affirmed that such represents his/her free and voluntary act, and has sworn or affirmed to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

In witness hereof, I hereunto set my hand and official seal.

SEAL

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

**NORTHERN LIGHTS PARANORMAL USE ONLY**

Application and Fee Received:	Day Month Year	Ref:	
Certification Verification:	Day Month Year	By:	
Criminal Background Check:	Day Month Year	By:	
Sex Offender Registry Check:	Day Month Year	By:	

## NORTHERN LIGHTS PARANORMAL

### Active Membership Application Fee

**Please include this page with (or attach it to) your Active Membership Application**

*Membership requests are reviewed during three enrollment months each year; March, July, and November. To be considered for the next enrollment, your application must be received no later than the first day of the enrollment month. To ensure we are recruiting people that are serious about paranormal research, Northern Lights Paranormal has established a one time filing fee for all new applicants. Application filing costs are \$25 and are non-refundable. Waivers for the application filing fee are available and must be submitted along with any other requested paperwork with the application.*

PERSONAL INFORMATION						
Legal Name:	First	M.I.	Last			
Preferred Name:			Birth Date:	Month	Day	Year

APPLICATION FEE
A one time \$25. <sup>00</sup> USD filing fee is required to process your application and be considered for Active Membership. <i>Cash is NOT accepted. Checks or Money Orders payable to Northern Lights Paranormal. Fee is non-refundable. Attach Check/Money Order at page bottom.</i>

FEE EXEMPTION REQUEST
<b>Please indicate the reason for your request.</b>
<input type="checkbox"/> Reapplying for Active Membership (fee previously paid) <i>Date of initial application: _____</i>
<input type="checkbox"/> U.S. Armed Forces Active Duty or Reserve Member <i>Present military identification and attach photocopy</i>
<input type="checkbox"/> National Guard Membership <i>Present military identification and attach photocopy</i>
<input type="checkbox"/> U.S. Armed Forces Veteran (Honorably Discharged) <i>Attach copy of DD Form 214</i>
<input type="checkbox"/> Active or Retired Law Enforcement Personnel <i>Present credentials and attach photocopy</i>
<input type="checkbox"/> First Responder (Fire Dept./EMS/Search and Rescue Personnel) <i>Present credentials and attach photocopy</i>
<input type="checkbox"/> TANF Recipient (describe below the type of assistance you are currently receiving)
<input type="checkbox"/> Financial Hardship (briefly explain below or attach another page if necessary)
<input type="checkbox"/> Other (briefly explain below or attach another page if necessary)

Signature: <b>X</b> Printed Name:	Date:   Month   Day   Year
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Attach Check or Money Order here.