

Crossing Over Research Paranormal Society

Application & Contract

This Application in its entirety constitutes a contract. Hereinafter, the Crossing Over Research Paranormal Society may be referred to as simply CORPS. The word 'you' refers to the applicant and Volunteer. The word 'we' refers to CORPS.

- Name:_____
- Street Address:_____
- City, State and Zip code:_____
- Email Address:_____
- Home Phone:_____ and Cell #:_____
- Best Way We Can Contact You:_____
- Date Of Birth:_____
- Emergency Contact,(Please Provide Name, Address, Phone # and E-mail):_____
- _____
- Are You Male___ Female___
- Are You: Married___ Single___ Divorced___ Widowed___ Significant Other___
- Do You Have Any Children? Yes___ No___
- If You Have Children Are You Able To Obtain A Babysitter For 2 or 3 Days In Some Cases? Yes___ No___
- Are You Willing To Travel? Yes___ No___
- Do You Have A Valid Driver License? Yes___ No___
- Are You 18 Or Older? Yes___ No___

- **Do You Have Reliable Transportation? Yes___ No___**
 - **Due To The Nature Of Our Business We Do Travel On Occasions, We Do Go Out Of State. Are You Willing To Travel? Yes___ No___**
 - **Do You Consume Any Alcoholic Beverages? Yes___ No___**
 - **Do You Smoke? Yes___ No___**
 - **Do You Use Any Kind Of Narcotics (i.e., marijuana, crack, meth, etc.)? Yes___ No___**
 - **Are You Currently On Any Medications? Yes___ No___ If Yes, What Type:**

 - **Which Of The Following Best Describes You: Observant__ Receptive__ Intuitive__ Skeptical__**
 - **What Equipment Do You Have Experience With? EMF Detector__ Digital Camera__ Digital Voice Recorder__ Maglite Flashlight__ Thermal Imaging Infrared Camera__ Video Camera w/Night Vision__ IR (Infrared) Extender__ Walkie Talkies__ Motion Sensors__ Wireless Sound Recorder__ DVR Night Vision Cameras__**
 - **In A Case Where You Are Investigating A Home, If Anything Becomes Missing From A Client's Property, Are You Willing To Take A Polygraph Test? Yes___ No___**
 - **If You Are On An Investigation And Are Injured By An Entity Or Other Paranormal Activity, Will You Be Willing To Take A Polygraph Test? Yes___ No___**
- How Many Hours Per Month Do You Want To Volunteer? _____**
- **Do You Agree To Pay Membership Fees Associated With Your Membership? Yes___ No___ (\$100.00 yearly/ \$25.00 quarterly, Membership Fees Are Non-Refundable)**

- **By Applying for Volunteer work with Crossing Over Research Paranormal Society, you understand that this is all Volunteer work and we offer no pay.**
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- **You agree you will refrain from using harsh language; you will remain professional at all times, and follow the Crossing Over Research Paranormal Society rules.**
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- **All materials, to include but not limited to, photos, recordings, film, objects, etc., are the sole property of Crossing Over Research Paranormal Society and will not be sold or given out to the public or media by any Volunteer.**
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- **You agree that you will not give an interview or write about your CORPS experiences without the express and written consent of CORPS.**
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- **All evidence collected in any form is the property of the Crossing Over Research Paranormal Society.**
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- **You agree to a criminal background check.**
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- **Missing or damaged items (by a client, CORPS or service vender) could potentially result in your responsibility for repair and/or replacement costs.**
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- **We reserve the right to change the conditions of membership and to make changes to this contract without explanation or notice to the Volunteer. Changes to this contract will void the original contract making it necessary for the Volunteer to sign a new contract upon his/her review and acceptance of the terms. Such acceptance is of course voluntary, but required for participation in CORPS.**
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- **You agree that the following are true about you:**
 - (1) 18 years or older**
 - (2) No criminal background**
 - (3) No history of mental problems**
 - (4) Have a job or a steady source of income**
 - (5) Not on any medication that may cause or impair judgment**
 - (6) Not treated for manic depression, schizophrenia, hallucinations, personality disorders, alcoholism, drug addictions, or treated for any other medical condition that may endanger yourself or other team members.**
 - (7) Must be honest**

(8) Use of dark energy, Ouija board, invocation spells, or any other form magic that has not been approved by CORPS is strictly prohibited.

- Failure to disclose any of the above (affirmations identified in clause #40) may result in termination from CORPS and the Volunteer will be obligated for all fees encountered by lawsuit for breach of trust not including lawsuit by client and that you will pay for all court costs.
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- We reserve the right to terminate any Volunteer who interferes with an investigation or the operations of CORPS, with all such determinations being made by the controlling officers of CORPS or the appointee. We reserve the right to make such determinations subjectively and without expressing specific cause.
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- Individuals desiring to participate in the Crossing Over Research Paranormal Society do so of their own free will and at their own risk.
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- In the event of any injury, Volunteers must accept individual responsibility for the full expense of medical attention as well as any other expenses arising out of such injury. Some Volunteer projects may have inherent risks associated with them, and it is the Volunteer's responsibility to know what those risks are and to not follow through on any activity that they deem too high a level of risk for their own capabilities.
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- Volunteers agree to release and hold the Crossing Over Research Paranormal Society, its officers, agents, employees as well as the owners/caretakers of the subject properties and CORPS clients under investigation harmless from and against all losses, claims or liabilities for personal damages or other damages incurred as a result of their participation in CORPS.
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- By submitting this application, I affirm that the facts set forth in it are true and complete; and I accept the affirmations herein as my own, made in consideration of Volunteering for CORPS.
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- **ACCEPTANCE OF CONTRACT TERMS**

Name (print) Volunteer

Signature

Name (print) Witness

Signature, CORPS Position

Our Policy

It is the policy of this organization to provide equal opportunities without regards to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

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