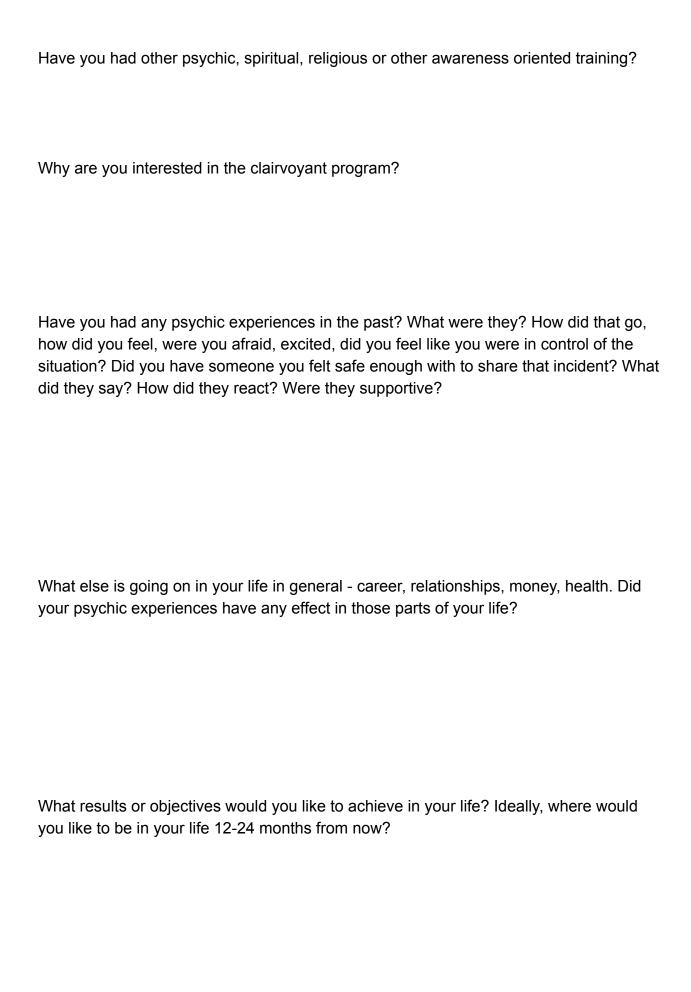
Berkeley Psychic Institute



Clairvoyant Program Interest Questionnaire

Name:	
Address, City, State, Zip:	
Home Phone / Cell Phone:	
Email:	Date of Birth:
How did you find out about the Berkeley	Psychic Institute?
What activities have you participated in a ReadingsClassesWorkshops Please list all completed 6 week classes:	sHealing ClinicsFair
What was the most exciting/rewarding th	ing that has happened to you since you first

Do you have friends, family or relatives in BPI? If yes, who?



What's in the way of achieving those goals? What do you think might slow you down, stand in your way or stop you from getting what you want?
If you could overcome these challenges and move effortlessly toward your goals, what would that be like for you?
Part of our Clairvoyant Training Program is designed to increase awareness of the importance of Community and giving back. As such, we require that each student donate three hours of their time per week, helping out in some way. It could be helping to keep our space clean, help with Data Entry, making posters, etc. Please let us know what talents you have, what you enjoy doing. How would you be willing to lend a helpin hand? For online students, please be aware that certain tasks can only be done in person. Be specific. What skills do you have? What kind of programs and/or computer applications are you versed in? Do you know how to work with websites; graphic design, ect. ?
Filled out this date,