

SCIENTIFIC DIVER APPLICATION

California Science Center

Name (Last, First, MI) _____ Birth Date _____

Home Address _____

Work Address _____

Home Phone () _____ E-mail () _____

Work Phone () _____ Fax () _____

Social Security # XXX - XX - ____ - ____ (last 4 only)

Emergency Contact _____ Home Phone () _____

Relationship _____ Work Phone () _____

Dive Insurance (DAN, PADI, ect.) Y/N Insurance Name _____ Policy # _____

Type of Diving you are accustomed to (check all that apply)

<input type="checkbox"/> Kelp bed	<input type="checkbox"/> Boat dives	<input type="checkbox"/> Night dives	<input type="checkbox"/> Photography
<input type="checkbox"/> Beach entry	<input type="checkbox"/> Cold water	<input type="checkbox"/> Surge	<input type="checkbox"/> Dry Suit
<input type="checkbox"/> Low visibility	<input type="checkbox"/> Strong currents	<input type="checkbox"/> Work	<input type="checkbox"/> Other _____

Certifications (submit copies of C-cards)

	<u>Date</u>	<u>Cert. Agency</u>	<u>Cert. #</u>
Openwater I (Basic)	_____	_____	_____
Advanced	_____	_____	_____
Rescue Diver	_____	_____	_____
Dive Master	_____	_____	_____
Assistant Instructor	_____	_____	_____
Instructor	_____	_____	_____
Scientific Diver	_____	_____	_____
CPR/First Aid	_____	_____	_____
O2 Administration	_____	_____	_____
Other _____	_____	_____	_____

Total number of dives _____ Total dives last 12 months _____ Date of last dive _____

How often do you do multiple dives in a single day? Every time _____ sometimes _____ never _____

_____ Date _____ Signature of Applicant

_____ Accepted for training x _____ Dive Safety Officer
 _____ Rejected for training Date _____