



## Volunteer Diver Application

Please print clearly

PERSONAL INFORMATION		
First Name:	Last Name:	Middle Initial
Street Address:		
City:	State:	ZIPCODE:
Home Phone:	Work Phone	Cell Phone:
Email:		
Position applied for <input type="checkbox"/> Volunteer Diver or		
Volunteer dive assistant: <input type="checkbox"/> Non diver (if not meeting min. dive requirement of 25 dives and advanced open water)		

I certify that I am at least 18 yrs of age and that I am an advanced open water certified or better.

\_\_\_\_\_  
(Signature)

**AVAILABILITY:** Please circle the dates you would be potentially available. The required commitment to this program is 5 days. 4- 1/2 hrs per day

11/26/10	11/27/10	11/28/10	12/4/10
12/5/10	12/11/10	12/12/10	12/18/10
12/19/10	12/26/10	12/27/10	12/28/10
12/29/10	12/30/10		

**AVAILABILITY:** Acclimation dives are required and will be scheduled separately. Please circle days for availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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**AVAILABILITY:** After Holiday Season: Please circle days for availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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<b>Dive Certifications:</b>		
<b>Number of logged Dives:</b>	<b>Date of last dive:</b>	
<b>Open water Diver</b>		
<b>Certification Date:</b> _____	<b>Certifying agency</b> _____	<b>Certification #</b> _____
<b>Advanced Open water</b>		
<b>Certification Date:</b> _____	<b>Certifying agency</b> _____	<b>Certification #</b> _____
<b>Rescue diver</b>		
<b>Certification Date:</b> _____	<b>Certifying agency</b> _____	<b>Certification #</b> _____
<b>Dive master</b>		
<b>Certification Date:</b> _____	<b>Certifying agency</b> _____	<b>Certification #</b> _____
<b>Instructor</b>		
<b>Certification Date:</b> _____	<b>Certifying agency</b> _____	<b>Certification #</b> _____
<b>CPR, O2 Administration and First Aid</b>	<b>certifying agency</b>	<b>Certification #</b>
<b>CPR Certification Date</b>	<b>Certifying agency</b>	<b>Certification #</b>
<b>O2 Certification Date</b>	<b>Certifying agency</b>	<b>Certification #</b>
<b>1<sup>st</sup> Aid Certification Date</b>	<b>Certifying agency</b>	<b>Certification #</b>

<b>REFERENCES</b>		
<b>1. Name</b>	<b>Telephone:</b>	
<b>Address:</b>		
<b>Relationship to applicant:</b>		
<b>Email:</b>		
<b>2. Name</b>	<b>Telephone:</b>	
<b>Address:</b>		
<b>Relationship to applicant:</b>		
<b>Email:</b>		

<b>Do you have a Divers Alert Network (DAN) Membership?</b>
<b>Divers Alert Network (DAN) policy #</b>

<b>EMERGENCY CONTACT INFORMATION</b>		
<b>PRIMARY CONTACT</b>		
<b>Name:</b>	<b>Relationship:</b>	
<b>Address:</b>		
<b>Telephone: (H)</b>	<b>(W)</b>	<b>(C)</b>
<b>SECONDARY CONTACT</b>		
<b>Name:</b>	<b>Relationship:</b>	
<b>Address:</b>		
<b>Telephone: (H)</b>	<b>(W)</b>	<b>(C)</b>

**Wet suit size:** \_\_\_\_\_

**Return to:**  
**Jim Paul**  
**Dive Coordinator**  
**The Maritime Aquarium at Norwalk**  
**10 North water st.**  
**Norwalk CT 06854**