



CONNECT | ENRICH | TRANSFORM

Appendix A Application to the LUMCON Diving Safety Program

Name:	Date of Birth:	Sex: M      F
College/Campus:	Department:	
Home ph./Cell:      Office ph.: (    )      (    )	Email:	
Are you currently scuba certified?    Y      N	Date of last dive physical? _____	
Certification organization? _____	Do you have DAN insurance?    Y      N Member # _____	
Diving Plans - Project, department and purpose with which you will be diving at LUMCON: _____ _____		
Home Address: Street: _____ Apt #: _____ City: _____ St. _____ Zip: _____	I wish to apply for the course session below:  <input type="checkbox"/> Spring (non-credit) <input type="checkbox"/> Summer (for academic credit) <input type="checkbox"/> Summer (two week field school) <input type="checkbox"/> Fall (non-credit)	
Emergency Contact Information:  Name: _____ Relationship: _____ Street: _____ City: _____ State _____ Home Telephone: (    ) _____ - _____ Work Phone: (    ) _____ - _____		
PI/Supervisor Endorsement (Required):  I understand the above named individual is applying to the LUMCON Diving Safety Program for the purpose of participating in diving operations. I attest that the applicant has a research or academic need to be diving as part of their employment or academic requirements at _____. I endorse and support their application to the LUMCON Diving Safety Program and agree to abide by all requirements of the LUMCON Diving Safety Manual.  _____ Printed name      Institution and Dept.  _____ Signature      Date		



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**Previous Dive Training and Experience**

**DIVE TRAINING:**

Level	Certifying Agency	Location	Total Hours Lecture/Pool/Water.			Date of Completion	Instructor name and # if known

**OTHER RELATED TRAINING:**

Date of Completion and Organization	
CPR	Water Safety Instructor
First Aid	Life Guard
EMT, DMT, or Paramedic	Swimming
Chamber Operator	CG Aux. Boating
Dive Accident Management	Oxygen First Aid

Brief description of other diving training (military, commercial, scientific, public safety): \_\_\_\_\_

**DIVE EXPERIENCE:**

Total Number of Dives \_\_\_\_\_ Total Bottom Time \_\_\_\_\_  
 Maximum Depth \_\_\_\_\_ Date of Last Dive \_\_\_\_\_  
 Number of Dives (last year) \_\_\_\_\_ Maximum Depth (last year) \_\_\_\_\_

Indicate number of dives for each depth category and depth range that you have completed:

Equipment	0-30'	31'-60	61'-100	101'-130	131'-150	151'-190	>190'
Scuba							
Decompression Scuba							
Mixed Gas							
Surface Supply							
Closed Circuit							
Lock-out or Bell							
Saturation							
Hard Hat							
Dry Suit							
Nitrox							



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Indicate with appropriate letter your degree of experience diving in the following conditions:

E = Extensive (>20 times)  
M = Moderate (5-20 times)

L = Limited (1-4 times)  
\_ = Leave blank if no experience

\_\_\_\_\_ Small Boat

\_\_\_\_\_ Ship

\_\_\_\_\_ Beach

\_\_\_\_\_ Rocky Shore

\_\_\_\_\_ Heavy Surf

\_\_\_\_\_ Current (>1/2 knot)

\_\_\_\_\_ Ice

\_\_\_\_\_ Cave

\_\_\_\_\_ Wreck

\_\_\_\_\_ Night

\_\_\_\_\_ Altitude (>2000')

\_\_\_\_\_ Blue Water

\_\_\_\_\_ Cold Water (<45°F)

\_\_\_\_\_ Turbid (<3' visibility)

\_\_\_\_\_ Fresh Water

\_\_\_\_\_ River

\_\_\_\_\_ Ocean

\_\_\_\_\_ Mud/Silt Bottom

\_\_\_\_\_ Kelp Forest

\_\_\_\_\_ Coral reef

\_\_\_\_\_ Vertical Wall

\_\_\_\_\_ Blue Hole

List geographical areas that you have dived: \_\_\_\_\_

Have you experienced nitrogen narcosis? \_\_\_\_\_ If so, at what approximate depth? \_\_\_\_\_

Have you experienced any diving related injury? \_\_\_\_\_

Briefly describe each incident \_\_\_\_\_

Have you ever been treated in a recompression chamber? \_\_\_\_\_ What depth? \_\_\_\_\_

Indicate date, place, and physician \_\_\_\_\_

✓	LUMCON AFFILIATION:	Supervisor	ph. # or Ext.
	LUMCON Faculty		
	LUMCON Employee (Postdoc, Technician, etc)		
	LUMCON Student/Intern		
	LUMCON Volunteer Diver		
	Consortium Member Faculty		
	Consortium Member Employee (Postdoc, Tech., etc)		
	Consortium Member Student		

**STATEMENT**

I wish to apply for entry into the LUMCON Diving Safety Program. I certify that the above information is correct. I agree to abide by the regulations of my parent institution, and all policies and standards of the LUMCON Diving Safety Committee and Diving Safety Manual and to adhere to their procedures concerning all diving activities conducted under LUMCON auspices.

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of participant or Signature of parent or guardian if under 18*