



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: | I wish to apply for the course session below: | |
| Street: _____ Apt #: _____ | <input type="checkbox"/> Spring (non-credit) | |
| City: _____ St. _____ | <input type="checkbox"/> Summer (for academic credit) | |
| Zip: _____ | <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. | | |
| _____ <i>Printed name</i> | _____ <i>Institution and Dept.</i> | |
| _____ <i>Signature</i> | _____ <i>Date</i> | |



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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 |
|-------|-------------------|----------|------------------------------------|--|--|--------------------|--------------------------------|
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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