



APPLICATION TO BECOME A SCIENTIFIC DIVER

PRIVACY STATEMENT: The VIMS Diving Safety Office is collecting information on behalf of the Diving Control Board in order to evaluate your qualifications as a VIMS scientific diver/diver in training. Please provide the requested information in order to participate in diving conducted under the auspices of VIMS. The Diving safety Office and/or Diving Control Board may share information it receives from you with other University offices in cooperation with the College of William & Mary and outside entities as necessary or appropriate in the conduct of legitimate University business.

Name (Last, First)

Index no. (optional)

Mailing Address

Permanent Address

Telephone: Home

Work

Email Address:

Title (Prof., Assoc. Prof., Asst. Prof., Grad. Asst., Student)

Your Office Location (Building and Room #)

Department

College

Supervisor's Name

Phone

Birth Date (M/D/Y)

Please provide photocopies of documentation where appropriate.

Recreational Diving Certifications:

Agency	Cert. Level	Date	Location	Instructor/Number
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Scientific Diving Certifications:

Organization (Univ., Federal, State Private)	Date	Location	Diving Officer
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VIRGINIA INSTITUTE OF MARINE SCIENCE

SCIENTIFIC DIVING PROGRAM

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Emergency Care Certifications:

Agency	Certification Level	Date of Last Training
CPR		
First Aid		
Oxygen Admin.		
Dan Insurance	No Yes	DAN Number Exp. Date

Diving Activity

Date of Last Dive	Total Dives in last 12 months	Total Number of Dives
Years Diving	Total Hours Diving	Greatest Depth

Cumulative Total Number of Dives per Depth

0-30'	31-60'	61-100'	101-130'	>130'
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Experience

(Mark an "X" for areas in which you have some experience and "XX" for areas with considerable experience)

Ocean	Fresh Water	Low Visibility	Boat
Kelp	Search & Recovery	Shore	Photography
Deep	Decompression	Sur	Navigation
Night	Cold Water	Currents	Dive Computer
Ice	Saturation	Cave	Mixed Gas
Wreck	Blue Water	Surface Supply	Dry Suit

Diving Equipment List

<u>Item</u>	<u>Brand</u>	<u>Serial #</u>	<u>Date Purchased</u>	<u>Date Last Service</u>
Regulator				
Alternate Air Source				
Pressure Gauge				
Depth Gauge				
Dive Computer				



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BCD

Cylinder

Emergency Contact Information (Person to notify in case of emergency)

Name

Relationship

Telephone: Home

Work

Cell

Address

Email

I certify that, to the best of my knowledge, the above information is correct.

Signature

Date