



**AQUATIC SCIENCE ASSOCIATION, INC.**  
**DIVE TEAM APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**CERTIFICATION HISTORY** (please attach copies of each card for certification listed)

Highest Level	Date	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DIVE INSURANCE/EMERGENCY CONTACTS** (please attach copies of dive insurance card)

Dive Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Date of Last Medical Examination \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**DIVE HISTORY**

Total # of Logged Dives \_\_\_\_\_ Maximum Recorded Depth \_\_\_\_\_

Average Depth \_\_\_\_\_ # of Dives in Last 12-months \_\_\_\_\_

Self-Imposed Depth Limit \_\_\_\_\_ # of Cave Dives \_\_\_\_\_

**DIVING EXPERIENCE**

Geographic areas, research, survey/cartography, photography/videography or other specialty experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experiences have you had that may prepare you to better serve as a diver for the ASA?

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**REFERENCES**

Please list three people who know you well and can attest to your character, skills, and dependability.

Name/Organization	Relationship to you	Phone number

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of dive opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a diver position and in interviews with the Aquatic Science Association, Inc. that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a diver position. I understand that information contained on my application will be verified by the Aquatic Science Association, Inc. I understand that misrepresentations may be cause for my immediate rejection as an applicant for a diver position with the Aquatic Science Association, Inc. or my termination as a diver.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<p>FOR INTERNAL USE ONLY:</p> <p>ID# _____</p> <p>_____</p>
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