

Appendix C

FAU Scientific Diving Program Diver Application Form

Name:	Date of Birth: / /	Sex: M F
Campus:	Department:	
Home Phone: () Office:	Email:	
SCUBA Certifying Agency:	Highest Level Held:	
# of Dives in Previous 12 Months:	Average Depth:	Deepest Depth:
Additional Current Certifications: (circle all that apply) Nitrox - NURC - NURC CPR 1 st Aid - Dry Suit - Blue Water - Saturation - Polar - Tri-Mix - Blender		
Home Address:		
Street: _____ City: _____		
Apt. No: _____ Zip: _____		
Emergency Contact Information:		
Name: _____ Relationship: _____		
Street: _____ City: _____ State _____		
Home Telephone: () _____ - _____ Work Phone: () _____ - _____		
I wish to apply for entry into the Florida Atlantic University Scientific Diving Program. I agree to abide by the policies of the FAU Diving and Boating Safety Committee and to adhere to their policies and procedures concerning all scientific diving activities. Mail completed form to EH&S, 777 Glades Rd., CO Bldg. #69 Boca Raton, Fl. 33431 or fax to: (561) 297-2210.		
_____		_____
Printed name		Date

Signature		

