

New York Aquarium - WCS
Animal Exhibits Department
Diver Applicant Personal Information

Please Print Clearly in Ink or Type
This form must be completed and submitted before any review of your application can proceed.

Name _____

Name you would like to be called (ex. Robert - Rob) _____

Home Address _____

City _____ State _____ Zip _____

Telephone: Home (____) _____ Fax (____) _____

Cell (____) _____ Work (____) _____ *(only if you wish to receive calls there)*

E-mail: _____

I certify that I am at least 21 years of age, and that I am a certified Open Water SCUBA Diver (or equivalent level), as recognized by an international SCUBA Certifying Agency.

DIVE CERTIFICATIONS
Open Water Diver

_____ (signature)

Certification Date _____ Certifying Agency _____ Certification No. _____

Advanced Open Water

Certification Date _____ Certifying Agency _____ Certification No. _____

Diver Rescue

Certification Date _____ Certifying Agency _____ Certification No. _____

Dive Supervisor (Divemaster, Dive Control Specialist, etc.)

Certification Date _____ Certifying Agency _____ Certification No. _____

Instructor

Certification Date _____ Certifying Agency _____ Certification No. _____

CPR, O₂ Administration and First Aid

CPR Certification Date _____ Certifying Agency _____ Certification No. _____

O₂ Certification Date _____ Certifying Agency _____ Certification No. _____

1st Aid Certification Date _____ Certifying Agency _____ Certification No. _____

Other (Please specify)

_____ Certification Date _____ Certifying Agency _____ Number _____

DAN

Number: _____

Insurance Plan

Preferred _____ Master _____ Standard _____ No Plan _____

New York Aquarium Animal Exhibits Department
Volunteer Diver Applicant Personal Information (Continued)

Please Print Clearly

Name (Please repeat from other page): _____ **Date:** _____

Availability

Please circle which days you will *generally* be available (this is flexible)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

VOLUNTEER EXPERIENCE (Not necessarily involving diving)

Organization: _____ Dates _____
Duties _____

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Duties _____

REFERENCES

Name _____ Telephone _____
Address _____
Relationship to applicant _____

Name _____ Telephone _____
Address _____
Relationship to applicant _____

Return to:
Dive Volunteer Coordinator
New York Aquarium
Surf Avenue at West 8th St.
Brooklyn, New York 11224

RECEIVED by Dive Volunteer Office: