

# BU Scientific Diving Program Application

All information should be updated annually. Please complete and return this packet of information to the Scientific Diving Safety Officer at [divesafe@bu.edu](mailto:divesafe@bu.edu).

## CONTACT INFORMATION

Name

Phone number

Work phone number

Address

Fax

Birth date (mm/dd/yyyy)

Email

## EMERGENCY CONTACT INFORMATION

Name

Phone number

Work phone number

Address

Fax

Relationship

Email

## OVERVIEW OF DIVING EXPERIENCE

Total number of lifetime dives

Number of dives in past year

Date of last dive

### PLEASE INDICATE THE TOTAL NUMBER OF DIVES ACROSS DEPTHS (APPROXIMATE)

0-30

31-60

61-100

101-130

131-150

151-190

191+

## PREVIOUS EXPERIENCE: DIVING ENVIRONMENTS

Please list approximate number of dives in each of the listed environments.

cold water

low visibility

night

shore diving

small boats

ship

overhead

ice

## PREVIOUS EXPERIENCE: SCIENTIFIC DIVES

YES NO

Have you previously been trained as a scientific diver in a program recognized by the American Academy of Underwater Sciences (AAUS)?

IF YES:

Institution name

Name of Dive Safety Officer

Phone number

Address of Dive Safety Officer

Email

Contact your previous Dive Safety Officer and request a Verification of Training and a copy of your records sent to the BU DSO at [divesafe@bu.edu](mailto:divesafe@bu.edu).

## ANTICIPATED ACTIVITIES

Please list the activities in which you will be participating at BU.

snorkeling

skin diving

SCUBA diving

## SIGNATURE VERIFICATION

I \_\_\_\_\_ certify that the enclosed information is correct. I have read and understood the BU Scientific Diving Manual, and agree to adhere to the AAUS Scientific Diving Standards adopted by BU, and any additional restrictions imposed by the Scientific Diving Safety Officer.

Employee/Candidate Signature

Date

Supervisor Signature

Date