

Seattle Aquarium  
Diver Experience Form

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: WA Zip: \_\_\_\_\_

Phone home: \_\_\_\_\_ work or cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

LIST DIVING COURSES, INSTRUCTION, OR OTHER TRAINING TAKEN:

	course or certification	Agency	cert. #	date	location
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Do you own all your SCUBA gear? \_\_\_\_\_ Total logged dives: \_\_\_\_\_

How many dives have you completed in the last 12 months? \_\_\_\_\_

How many [in the last 12 months] were in COLD water? \_\_\_\_\_ WARM water? \_\_\_\_\_

MARK TIMES THAT YOU ARE AVAILABLE TO DIVE:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning [8a-12p]							
Afternoon A [11:30p-3:30p]							
Afternoon B [10a-1p]							

*Divers are scheduled to dive a minimum of once every two weeks.*

WILL YOU MAKE A ONE YEAR COMMITMENT TO VOLUNTEER DIVING AT THE AQARIUM? \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return this form to: Volunteer Office 1483 Alaskan Way, Seattle WA 98101 or FAX 206.386.4328  
Forms must be received no later than 5 pm on the Friday 2 weeks prior to orientation  
to be considered in the current round of training.**

FOR OFFICE USE:

_____ Log book	Evaluation Dive Date: _____
_____ Initial depth rating	Medical Forms: _____
_____ Certifications verified	