



DIVER EXPERIENCE FORM

Name: _____ Height: _____ Weight: _____ Date of birth: ____/____/____

Address: _____ City: _____ State: WA Zip: _____

Phone: (____) _____ Email: _____

List diving courses, instruction or other trainings you've taken *(Minimum of advanced open water certification is required.):*

	Course or certification	Agency	Cert. #	Date	Location
1.					
2.					
3.					
4.					
5.					

Do you own all of your scuba gear? _____ Total lifetime logged dives: _____

How many dives have you completed and logged in the last 12 months? _____

How many logged dives [in the last 12 months] were in COLD water? _____ WARM water? _____

Minimum of 12 dives in local conditions in the last 12 months required

Are you able to make a one-year commitment to the volunteer diver program? YES NO

Please indicate with an "X" all of the times that you are available to dive:

(Volunteer divers are scheduled to dive a minimum of once every two weeks.)

	MON	TUES	WED	THURS	FRI	SAT	SUN
Tropical Pacific 8:30–11:15am							
Underwater Dome 9:15–11am							
Underwater Dome 12:15–3pm							

Shift placements are made at the discretion of the Seattle Aquarium's dive safety officers and volunteer engagement manager according to your checkout dive results, our schedule needs and your availability.

SIGNED: _____ DATE: _____

**Please return this form
by mail to Seattle Aquarium volunteer office, 1483 Alaskan Way, Pier 59, Seattle, WA 98101;
OR by email to volunteers@seattleaquarium.org.**

**This form must be received approximately one month before the checkout dive to be considered
(see the Aquarium's website for upcoming due dates).**

FOR INTERNAL USE

Diver experience form:

	Dive safety officer	Assistant dive safety officer	Volunteer office comments:
Availability			
Experience			
Certification level			
Overall grade			

Checkout dive:

Logbook	Comments:
Initial depth rating	
Certifications verified	
Evaluation dive date	
Medical forms	