

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.

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.

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Please complete and return this packet of information to the BU Scientific Diving Safety Officer.

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.

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