

Georgia Aquarium Volunteer Dive Program – Status Application

Please fill out the following application to the best of your ability. Leave blank if question does not apply to you.

Applicant Name: _____

Status Requested: 1 2 3 4 5

Total Volunteer Hours: _____

Total Months/Years in Dive Program: _____

Total Dives in the Aquarium: _____

Total Dives in OV: _____ CW: _____ TD: _____ FW/GS: _____

Highest Level of Dive Certification: _____

Date of Last Aquarium Dive Physical: _____

Date of First Aid, CPR, AED, & O2 Provider Certification(s): _____

Surface Supply Trained: YES NO

Armada Experience (hours): _____

Dive Locker Maintenance Training Clinics Completed:

BCD Regulator Umbilical FSO Armada

Fill Station Operator Experience (hours): _____

Dive Locker Maintenance Shifts Completed:

Shifts: _____ Hours: _____

Tender Trained: YES NO

Number of Dives Tended: _____

% SDIT Academics Completed: _____

% SD Academics Completed: _____

Briefly state why you would like to achieve this level and list any additional qualifications:
