



LAMP SCIENTIFIC DIVER QUESTIONNAIRE

Last Name: _____ First Name _____ MI _____ Date: _____

Address: _____
(# and Street) (City) (State) (ZIP)

HOME Phone # _____ WORK Phone # _____

MOBILE Phone # _____ EMAIL _____

Occupation: _____ Date of Birth ____/____/____ Gender: ____
mo / dy / yr

EMERGENCY INFORMATION: *In case of an emergency, whom should we contact?*

Name: _____ Relationship: _____

Home Phone # (____) _____ Work Phone # (____) _____

Mobile Phone # (____) _____

Address: _____
(# & Street) (City) (State) (ZIP)

PREVIOUS SCIENCE DIVING AFFILIATION:

Have you been certified as a scientific diver through AAUS or similarly structured standards? Yes No

If yes, through which institution or organization? _____

Name, phone number, and email of that program's Diving Officer? _____

Are you currently an active diver in this organization? Yes No **If so, are you seeking reciprocity with LAMP?** Yes No

SCHOOL OR OTHER AFFILIATION:

If you are a high school student: **School Name:** _____ **Status (circle one):** F S Jr Sr

Are you taking/have you taken the high school maritime archaeology class? Yes No **If yes, which year did you take it?** _____

If you are a university student studying archaeology or a related field:

University: _____ **Status (circle one):** Undergrad Student Graduate Student

Major: _____ **Expected graduation date:.** _____

If you are a professional archaeologist/historian/other researcher: **Research Specialty:** _____

Affiliated Institution: _____ *Professional researchers, please attach curriculum vitae*

If you are an avocational archaeologist: **Amateur groups affiliated with:** _____

Years of experience, archaeology on land: _____ **Archaeology underwater:** _____

Please complete this form and the Diving Experience Resume and return to:

LAMP Volunteer Coordinator
St. Augustine Lighthouse & Museum
81 Lighthouse Avenue
St. Augustine, FL 32080

Telephone: 904-829-0745
Fax: 904-808-1248
Website: <http://www.LAMPmaritime.org>

DIVING EXPERIENCE RESUME
LAMP Scientific Diving Program

Name _____ Program Entry Date _____ Date of Birth _____

Date of Last Physical _____ Date of Last Chest x-ray _____ Date of Last EKG _____

Are there any medical conditions that limit your diving? _____ Yes _____ No. If yes, explain on back of form.

Have you ever suffered a diving accident (hyperbaric trauma, gas embolism, decompression sickness)? If yes, explain on back of form.

Training and Certifications:

Please attach copies of certification cards or records of training. List agency, type, and year in the spaces provided below:

Basic diving certification _____ Advanced: _____
CPR _____ First Aid _____ Oxygen Admin. _____
Rescue: _____ Advanced Diver: _____ Master Diver: _____
Divemaster: _____ Asst. Instructor: _____ Instructor: _____
Any Other Specialty Certifications _____

Career Open-Water Dives (estimate):

Dives _____ # Hours _____ Max. Depth.(fsw) _____ Date & Depth (fsw) of last dive _____
Approx. # of dives in the past year: _____ Average depth to which you regularly dive: _____ Self-imposed depth limit _____

Indicate your diving experience in the following categories:

E=Extensive (more than 20 dives) M=Moderate (5-20 dives) L=Limited (1-4 dives) N=None

Diving From Boats/Ships:

____ Small Boats (up to 20')
____ Vessels 21'-100'
____ Ships >100'

Other:

____ Night Diving
____ Decompression Diving
____ Diving at Sea (Blue Water)
____ Diving EMT/Chamber Operator
____ Cold Water (<60°F) Diving
____ Limited Visibility (less than 5 feet) Diving
____ Zero Visibility Diving
____ Very Clear Water (greater than 50' vis.) Diving
____ Saltwater Diving
____ Mud or Silt Bottom Diving
____ Coral Reef Diving
____ Strong Current (over 1/2 knot) Diving
____ Altitude (above 2000') Diving
____ Underwater photography/videography
____ Dry Suit Diving
____ Nitrox/Mixed Gas Diving
____ Commercial Diving
____ Military Diving
____ Scientific Diving
____ Surface-Supplied Diving
____ Rebreather Diving
____ Towed Diving

Shore Diving:

____ General shore diving
____ Surf

Overhead Environments Diving:

____ Ice Diving
____ Cave Diving
____ Cavern Diving
____ Wreck Diving

Freshwater Diving:

____ Ponds, Lakes, Quarries
____ Rivers
____ Sinks or Springs

Research Diving Experience

Level of Experience _____ Examples of Research Diving Projects _____

Other Relevant Experience or Certifications (EMT, MD, captain's license, etc): _____

