



Application Form

Maritime Archaeology Field School

Lighthouse Archaeological Maritime Program

Full Name _____ Date _____

Home Address _____

City _____ State _____ Zip code _____

Home Phone _____ Work _____ Cell _____

Email _____ T-Shirt Size _____

Special Dietary Needs _____

University & Major _____

Circle one: Freshman Sophomore Junior Senior Recently graduated Master's program PhD program
Not a student High School student

Do you wish to receive academic credit? Y/N Graduate or Undergraduate? G/U
If so, through (circle one) Plymouth State University or your own institution

Please complete this coversheet along with the LAMP Scientific Diver Questionnaire and Diving Experience Resume which are attached to this form. When complete, please return all forms along with the names and emails of three references (professors, employers, etc.) to Dr. Sam Turner either by email, fax, or mail. Please feel free to contact him if you have any further questions:

Dr. Sam Turner
Director of Archaeology, LAMP
81 Lighthouse Avenue
St. Augustine, Florida 32080 USA
Fax: 904-808-1248 Phone: 904-829-0745
Email: sturner@staugustinelighthouse.com

If your application is accepted, we will contact you to let you know. After submitting your application package, feel free to follow up with Dr. Turner by phone or email, or if you have any further questions. There are other requirements for this field school (medical exam, insurance, CPR/First Aid certification, etc., as detailed on our webpage) which we will address upon acceptance. For further information on the field school or maritime archaeology in St. Augustine, please visit:

www.LAMPmaritime.org



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 LAMP's 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 group(s) affiliated with:** _____

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

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): _____