



Florida Sea Base Divemaster Academy Application

Date: _____

Name: _____

Date of Birth: _____

(Minimum age 18 before attendance.)

Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Advanced Open Water Diver Student Number: _____

Cert. Date: _____ Agency: _____ (Please attach photo copy of front and back of C-Card.)

Rescue Diver Student Number: _____

Cert. Date: _____ Agency: _____ (Please attach photo copy of front and back of C-Card.)

Number of LOGGED dives: _____ (Please attach photo copies of at least 40 dives but not more than 60 dives.)

Do you own scuba gear? _____ Do you use tobacco? _____ (The Florida Sea Base facilities and vessels are tobacco free. The use of tobacco products is allowed in designated areas only and is prohibited at all times in any facility, including dorms, or on vessels.)

Scouting Background: _____

Season(s) Available to Work at the Florida Sea Base (circle):

(Dates Approximate) SPRING (10 Feb – 30 April) SUMMER (20 May – 03 Sep)

Waist Size: _____ Shirt Size: _____ (For Uniforms)



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PAGE 2 of 2

First Aid Certification

Cert. Date: _____ Agency: _____ (Please attach photo copy of front and back of Card.)

CPR Certification

Cert. Date: _____ Agency: _____ (Please attach photo copy of front and back of Card.)

Oxygen Provider (not a class prerequisite, but highly recommended)

Cert. Date: _____ Agency: _____ (Please attach photo copy of front and back of C-Card.)

Do you have asthma or a history of asthma? _____ Have you used medication to treat asthma in the past five (5) years? _____ If so, what medication(s)? _____

Do you have diabetes or a history of diabetes? _____

Have you had a seizure in the past five (5) years or used medication to control seizures in the past five (5) years? _____

Do you have a Deep Diver Specialty certification? _____ If yes, please provide a copy of the front and back of your certification card. (Not a class prerequisite, but highly recommended.)

Do you have an U/W Navigation Specialty certification? _____ If yes, please provide a copy of the front and back of your certification card. (Not a class prerequisite, but highly recommended.)

Signature of Applicant: _____

Return the completed application and all required documentation to:
Divemaster Academy * Florida Sea Base * PO Box 1906 * Islamorada, FL 33036

Questions should be directed to:
Joe.angelo@scouting.org