



# 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 35 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: \_\_\_\_\_

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

(Dates Approximate) SPRING (10 Feb – 30 April) SUMMER (20 May – 03 Sep) Year: \_\_\_\_\_

Waist Size: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ (For Uniforms)

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## 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)?** \_\_\_\_\_

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**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:**  
Divemaster.Academy@bsaseabase.org