

# Florida Sea Base IDC 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.)

Divemaster Number: \_\_\_\_\_

Cert. Date: \_\_\_\_\_ Agency: \_\_\_\_\_

(Please attach photo copy of front and back of C-Card.)

Number of LOGGED 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 Uniform)

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      Cert. Date: \_\_\_\_\_      Agency: \_\_\_\_\_  
(not a class prerequisite, but highly recommended)      (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? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Return the completed application and all required documentation to:  
Instructor Development Course \* Florida Sea Base \* PO Box 1906 \* Islamorada, FL 33036

Questions should be directed to:  
[Joe.Angelo@Scouting.org](mailto:Joe.Angelo@Scouting.org)