



DIVEHEART . org®

Imagine The Possibilities



Volunteer Information Form

Name: First _____ Middle _____ Last _____

Birth Date _____ Male ___ Female ___ Ethnicity* _____ Married* ___ Single* ___

Address _____ City _____

County _____ State _____ Zip Code _____ Country _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Employer _____ Occupation _____

Military Affiliation: Active ___ Veteran ___ Retired ___ Branch _____ Are you a Purple Heart Veteran? Yes / No

How did you learn about Diveheart? _____

Scuba Diving Certification: You must provide a copy of your C-Card (front and back) for our records

Level _____ Agency _____ Date _____

Adaptive Training Certification: You must provide a copy of your C-Card (front and back) for our records

Level _____ Agency _____ Date _____

Dive Club Name (Member) _____ Dive Shop Affiliation (Dive Professionals Only) _____

Emergency Contact Primary Contact Name _____ Relationship _____

Primary Phone (Land / Mobile / Work) _____ Secondary Phone (Land / Mobile / Work) _____

Secondary Contact Name _____ Relationship _____

Primary Phone (Land / Mobile / Work) _____ Secondary Phone (Land / Mobile / Work) _____

Medical Information – please use the back of the sheet if you need more room

Medications _____

Allergies _____

Other information you feel that we should know

Size Information (if equipment is needed)

Height _____ Weight _____ Shoe size _____ Jacket/T-Shirt size (letter) _____

Fields marked with * are optional and are asked to help us when applying for funding. Thank you