

Clark County Dive Rescue



Membership Application

Full Legal Name: _____

Address: _____

Home Phone: _____ D.O.B.: _____

Scuba Qualifications:

Not Certified Basic scuba Open Water Adv. Open Water
Master Diver Scuba Master Specialty Diver (List) _____
Other _____

Professional Level Certification you hold:

Dive Master Instructor Instructor Trainer
Specialty Instructor (Please list Specialties) _____
Public Safety Diving Instructor Other _____

SCUBA Agencies you are certified by:

IDEA NASDS PADI ERDII YMCA PDIC
NAUI USN OTHER _____ DRI DRI

SCUBA Agencies you are certified as a SCUBA instructor by:

IDEA NASDS PADI SSI YMCA PDIC
NAUI USN OTHER _____

Please list other special training, skills and experience which you have, that you believe would benefit the CCDRT.

Are you available and willing to train with the team even though you are not paid to do so?

Are you available for dive calls that may come at any time, day or night?

What role do you see playing in the dive team?

Once you have completed your application, you can send it back via any of the listed options at the end of this letter.

Please note that per Washington State statutes, a confidential general background check will be performed on new members joining public safety organizations.

Also, if you are applying for a diving position, be aware that a swim test will be needed upon completion of the application process.

If you have any questions regarding the application process or any other matter, please don't hesitate to contact us via any of the following:

Email-

ccdrt@aracnet.com

Regular Mail-

CCDRT
PO BOX 672
Vancouver WA 98666

www.DiveRescue.us

Telephone-

360-450-4211
503-756-1031