

**PACIFIC GROVE HYPERBARIC CHAMBER
APPLICATION ADDENDUM**

NAME _____ preferred name: _____

ADDRESS _____

PHONE _____ CELL PHONE _____

Highest level/types of diver certifications: _____

CERTIFYING AGENCY _____ YEAR _____

Diving experience: (check appropriate boxes) Search/Rescue ___ Planned Decompression ___

Commercial ___ Technical ___ Other: _____

Military/NOAA experience: _____

Diving related seminars (date/agency): _____

Technical experience: _____

Medical training (1st responder, EMT, RN, etc.): _____

Current CPR Healthcare provider _____ Most recent dive physical _____

Previous chamber training: _____

Chamber experience: _____

Other applicable training/experience: _____

Other volunteer activities:(current/past) _____

Which activities do you enjoy most _____

Why do you want to join? _____

Normal work schedule: _____

Availability: Most weekends: _____ Late night on call _____ Never available: _____

Frequency of extended travel: _____

Signature _____ Date _____

Please use back of page for additional comments if needed.