

**PACIFIC GROVE HYPERBARIC CHAMBER  
APPLICATION ADDENDUM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

Highest level/types of diver certifications: \_\_\_\_\_

CERTIFYING AGENCY: \_\_\_\_\_ YEAR: \_\_\_\_\_

Diving experience: (check appropriate boxes)  Search/Rescue  Commercial

Planned Decompression  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 : \_\_\_\_\_

Chamber experience : \_\_\_\_\_

\_\_\_\_\_

Other applicable training/experience : \_\_\_\_\_

\_\_\_\_\_

Other volunteer activities (current and past) : \_\_\_\_\_  
\_\_\_\_\_

What activities do you enjoy most : \_\_\_\_\_  
\_\_\_\_\_

Why do you want to join? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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What is your normal work schedule? : \_\_\_\_\_  
\_\_\_\_\_

Availability:  Most weekends  Late night on call  Never available

Frequency of extended travel : \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Please use below for additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_