Please Return To:
1303 N Shields St, Fort Collins CO 80524 · Email: info@lcdrt.org · Fax: 970-498-2795

LARIMER COUNTY DIVE RESCUE TEAM
MEMBERSHIP APPLICATION

Applicant's Full Name:______________________________
Date of Birth:______________**SSN#**______________________
Sex:______ **Height:**________**Weight:**________**Hair:**______**Eyes:**______
Home Address:______________________________
Home Phone:________________**Work Phone:**______________
E-Mail ______________________________
Work Name/Address:______________________________
Marital Status: ☐ **Single** ☐ **Married** ☐ **Divorced**
Spouse's Name:______________________________
Address:______________________________
Home Phone:________________**Work Phone:**______________
Work Name/Address:______________________________
Dependents: Please List by Name and Age:______________________
____
____

OTHER EMERGENCY CONTACTS:

Name:____________________**Relationship:**______________
Address:______________________________
Home Phone:________________**Work Phone:**______________

EDUCATION HISTORY:

High School Graduate or GED: YES NO Last Grade Completed:______
Colleges Attended:______________________________
Number of Years Completed:__________**Degree Earned: YES NO**
List Degree(s):______________________________
____

Specialized Skills Other Than Diving:______________________
____
____
____
____
____

Why do you wish to become a member of the Larimer County Dive Rescue Team?
____
____
____

Office Use Only
App Rcvd:____________ 1st Mtg ____________BkgChk Y N

DIVER HISTORY

Diver Certification: YES NO Certifying Agency:____________________
Certification Date:________________Certification Level:________________
How often do you dive?____
Where do you dive?____
When was your last dive?____
Have you experience with any of the following tasks: (circle all that apply)

Ice Diving	River Rescue	Dry Suit Diving	Commercial Diving
Cave Diving	Lift Bag Work	Crime Scene Work	Technical Rope Work
Wreck Diving	Body Recovery	Salt Water Diving	Underwater Photography
Zero Visibility Diving			

Have you ever been involved in any type of diving accident? YES NO
If Yes, please provide an explanation:_________________________________
____
____

Have you ever experienced the following: (circle all that apply)

Air Embolism	Nitrogen Narcosis	Decompression Sickness
Pneumothorax	Mediastinal Emphysema	Carbon Dioxide Poisoning
Oxygen Toxicity	Subcutaneous Emphysema	Carbon Monoxide Poisoning

If so, please give a description of all occurrences:______________________
____
____
____

Are there any medical problems that may prevent you from participating in high stress diving situations? YES NO
If YES, please provide an explanation:_____________________________________
____
____
____
____

I understand that the Larimer County Dive Rescue Team is a volunteer organization offering no monetary compensation to its members. I am aware that team call-outs occur at any time of the day or night and often in adverse weather conditions. By applying for membership, I pledge to fully participate in scheduled training and respond to team missions or risk losing my member status.

I certify that the above information is true and correct to the best of my knowledge.

Signature:____Date:____________________

- **Please be sure to include a copy of the *Medical History* form and *Statement of Understanding* with this application.**

LARIMER COUNTY DIVE RESCUE TEAM

Statement of Understanding

This statement is inteded to inform potential members of the *Larimer County Dive Rescue Team* (and their dependents) of the possible risks, hazards and adverse environments associated with dive rescue activities. It must be understood that this statement is only general in nature and that unforeseen accidents can and do occur.

The following is a list of potential risks, hazards and adverse environments that may be encountered when participation in dive rescue activities.

Zero visibility	**Hydraulics**
Extreme cold water	**Low head dams**
Contaminated water	**Swift water**
High altitude diving	**Swift water impacts**
Under ice entrapment	**Swift water entanglement**
Underwater entanglement	**Drowning**
Underwater sharp objects	**Out of air**
Pressure related injuries	**Equipment failure**
Severe injury and death	**Hypothermia/Heat stroke**

You must understand that YOU make the final decisions concerning your own safety. You have the responsibility to inform the team leader(s), instructor(s) or fellow members anytime you encounter a situation that you feel would be too hazardous for you to participate in. At no time will you be forced into an activity that you feel is unsafe or above your present skill level.

APPLICANT SIGNATURE

I have read this statement and understand that dive rescue activities can be hazardous. I fully accept responsibility for my own safety.

Signature:____________________________________Date:____________________________

SPOUSE'S SIGNATURE

I have read this statement and understand that dive rescue activities can be hazardous. I support my spouse's decision to become a member of the *Larimer County Dive Rescue Team.*

Signature:____________________________________Date:____________________________

Student Medical History Questionnaire

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participation in public safety dive operations. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving. You may be asked by your instructor to seek written approval of a physician prior to participating in diving activities.

Please print legibly.

Name:____
Mailing Address:__________________________________
City:________________ **State:**_____ **Zip:**_____ **Country:**______
Home Phone: ( )______________ **Work Phone: ( )**______________
Birth Date:______________________________________

Name of your family or Primary Care Physician:____________________
Street Address:___________________________________
City:________________ **State:**_____ **Zip:**_____ **Country:**______

Date of last physical examination:______ **Name of examiner:**____________
Address:____________________ **Phone: ( )**________________

Were you ever required to have physical for diving? YES NO
If YES, when?______________________________________
Why?____

Current Prescription Medication (list):________________________
____

Current Allergies (list):________________________________
____

Blood Type:__________________ **Blood Pressure:**________________

Approximate Number of Years Diving:__________________________

Approximate Number of Trouble-Free Dives________________________

Emergency Contact: Name:______________ **Relationship:**______________
Address:____
____

Home Phone:__________________ **Work Phone:**__________________

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these apply to you, we may request that you consult with a diving physician prior to participating in scuba diving or dive team activities.

_______ Could you be pregnant or attempting to become pregnant?
_______ Do you regularly take prescription or non-prescription medication?
_______ Are you over 40 years of age?

Have you ever had or do you currently have…

_______ Asthma, wheezing with breathing, or wheezing with exercise?
_______ Frequent or severe attacks of hay fever or allergy?
_______ Frequent colds, sinusitis or bronchitis?
_______ Any form of Lung Disease?
_______ Pneumothorax (collapsed lung)?
_______ History of chest surgery?
_______ Claustrophobia or agoraphobia (fear of closed or open spaces)?
_______ Behavioral health problems?
_______ Epilepsy, seizures, convulsions, or taking medications to prevent them?
_______ Recurring migraine headaches or take medications to prevent them?
_______ History of "Black Outs" or fainting(full/partial loss of consciousness)?
_______ Do you suffer from "Motion Sickness" (seasick, carsick, etc..)?
_______ History of diving accidents or decompression sickness?
_______ History of recurrent back problems?
_______ History of back surgery?
_______ History of diabetes?
_______ History of back, arm, or leg problems following surgery, injury, or fracture?
_______ Inability to perform moderate exercise (walk one mile within 10 minutes)?
_______ History of high blood pressure or do you take medicine for high blood pressure?
_______ History of heart attacks?
_______ Angina (heart-related chest pain)?
_______ History of heart or blood vessel surgery?
_______ History of ear or mastoid infections after the age of 10?
_______ History of ear or sinus surgery?
_______ History of ear disease, hearing loss, or problems with balance?
_______ History of problems equalizing ears with airplane or mountain travel?
_______ History of bleeding or other blood disorders?
_______ History of any type of hernia?
_______ History of ulcers or ulcer surgery?
_______ History of colostomy?
_______ History of drug or alcohol abuse?

I____________________________ hereby certify the above is correct to the best of my knowledge.
Date_________________________ Signature ____

Physician's Impression (optional)
Remarks:
_______ I find no defects that I consider incompatible with diving.
_______ I am unable to recommend this individual for diving.

Physician ____________________ , M.D. Date _______________________________________

Address _____________________ City _________________ State _________ Zip _____________

Phone _______________________ Signature ____