

**DROWNING ACCIDENT RESCUE TEAM
APPLICATION FOR CLASSIFICATION AS
RESCUE DIVER INTERN**

NAME: _____
ADDRESS: _____

DART ID: _____
DATE: _____
PHONE: _____

INSTRUCTIONS:

1. Read all parts of this application. For further information, read the D.A.R.T. Standards and Operating Procedures.
2. Complete all parts to this application. If required response is not applicable, print "not applicable" in the space provided.
3. If additional space is required, attach additional sheets. Attached additional sheets must be clearly marked as to what section of the application they apply.
4. Reference documents (log books, class attendance rosters, etc.) need not be attached, but you must be prepared to support statements in this application with applicable documents.
5. If you have training or experience outside of your work with DART, it may qualify in place of DART training or experience. If you wish to use such training or experience in this application, please attach additional pages which explain the training or experience, dates, places, and contact person who can verify your training or experience, and an explanation why you believe this training or experience qualifies as a substitute for DART training and experience.
6. If you need additional information or assistance in filling out this application, contact the Chief or an Assistant Chief of Operations.

-----PREREQUISITES-----

1. You must have a current record of physical examination in your personnel file. It is your responsibility to assure that this is done before submitting this application.
2. You must provide proof of certification as a recreational SCUBA diver at least to the Advanced Open Water SCUBA Diver level by a nationally recognized certification agency (attach copy). Substitute training and experience can be evaluated by the Chief of Operations. The Training Coordinator or Appointee must verify certification and sign below before the member can enter the water for the DART dive checkout.

Date of Certification

Level of Certification

Certification Number

Signature of Training Coordinator or Appointee

3. You must have received the classification of Shore Support Intern.

Date approved as Intern _____

b. Confined water check-out (**non-DART dive gear**):

- SCUBA equipment set-up, donning and buddy checks
- Giant stride into deep end of pool
- Removal and replacement of weight belt on surface
- Removal and replacement of BC on surface
- Controlled descent
- Establishment of neutral buoyancy at depth
- Mask flood and clear at depth
- Mask removal and replacement at depth
- Weight belt removal and replacement at depth
- BC removal and replacement at depth
- Buddy breathing at depth
- Buddy breathing to the surface
- Controlled out-of-air emergency ascent
- Deep water exit

Date

Place

Instructor

c. Confined water check-out (**EXO, Drysuit**)

- SCUBA equipment set-up, donning and buddy checks
- Familiarization dive with EXO (controlled descent, 5 minutes underwater swim)
- Removal and replacement of EXO at depth
- Spare Air / Octopus breathing with out-of-air buddy at depth
- Controlled ascent with out-of-air buddy

Date

Place

Instructor

d. Black-out mask training

Date

Place

Instructor

e. Use of DART SCUBA equipment

Date

Place

Instructor

----- **SPACE FOR COMMITTEE USE** -----

STANDARDS & EVALUATIONS COMMITTEE:

Copy of current SCUBA certification is attached _____

Copy of DART SCUBA skills evaluation is attached: _____

Shore Support Intern Classification verified _____

Date Received _____ Date Reviewed _____

Complete _____ Accurate _____ References Checked _____

APPROVED _____ DISAPPROVED _____ CONDITIONAL APPROVAL _____
(Attach Conditions)

OPERATIONS OFFICER:

APPROVED _____ DISAPPROVED _____ CONDITIONAL APPROVAL _____
(Attach Conditions)