



NEWTOWN UNDERWATER SEARCH & RESCUE  
P.O. Box 3203  
Newtown, CT 06470

**APPLICATION TO NEWTOWN UNDERWATER SEARCH AND RESCUE**

DATE: \_\_\_\_\_

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

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

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HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

PERSONAL REFERENCES / PHONE NUMBERS (2): \_\_\_\_\_

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REFERRED TO NUSAR BY: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

WHERE EMPLOYED: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

BASIC SCUBA CERTIFICATION AGENCY / NUMBER / DATE: \_\_\_\_\_

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**ADVANCED SCUBA CERTIFICATIONS; TYPE/AGENCY/DATE:** \_\_\_\_\_

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**NUMBER OF LOGGED DIVES TO DATE:** \_\_\_\_\_

**DATE OF LAST DIVE:** \_\_\_\_\_

**DEEPEST DIVE DEPTH:** \_\_\_\_\_

**LONGEST DIVE TIME:** \_\_\_\_\_

**COLD WATER DIVING EXPERIENCE:** \_\_\_\_\_

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**LOW VISIBILITY DIVING EXPERIENCE:** \_\_\_\_\_

**RELATED NON-DIVING EXPERIENCE; PUBLIC SAFETY, MILITARY, ETC:** \_\_\_\_\_

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**HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF DIVING ACCIDENT:** \_\_\_\_\_

**IF YES, EXPLAIN:** \_\_\_\_\_

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**REASON FOR JOINING NUSAR:** \_\_\_\_\_

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