

SCUBA EDUCATORS INTERNATIONAL

LEADERSHIP APPLICATION

DIVEMASTER ASSISTANT INSTRUCTOR INSTRUCTOR CROSSOVER

INSTRUCTIONS: Please complete each blank, print clearly.
ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

NAME: _____
Last First Middle

ADDRESS: _____

City State /Province Zip/Postal Code Country

PHONES: Primary # _____ Secondary # _____

E-mail address: _____

DATE OF BIRTH: _____ **AGE:** _____ **OCCUPATION:** _____

EDUCATION: Level _____

CERTIFICATION INFORMATION:	Agency	Hours	Dates	Certifying Instructor
Entry-Level Scuba Course	_____	_____	_____	_____
Advanced Scuba	_____	_____	_____	_____
Assistant Teaching	_____	_____	_____	_____

Other related certifications:

Date	Course	Agency
1. _____	_____	_____
2. _____	_____	_____

DIVING EXPERIENCE:
Total Diving Years _____ Total Hours Logged _____
Total Dives _____ Greatest Depth _____ Percent Salt _____ Fresh _____

REFERENCES: (Preferably people in the diving field and professionals)

1. Name _____ Position _____ Phone _____
Address _____

2. Name _____ Position _____ Phone _____
Address _____

SCUBA EDUCATORS INTERNATIONAL is the certifying agency. I am aware of and will uphold the objectives, standards, ideals and philosophy of SEI Diving.

SIGNED _____ **Date** _____
This application should be submitted to the Instructor Trainer prior to the start date.