

SCUBA VETS
Participant Information and Questionnaire

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Date of Birth: _____

Emergency Contact (someone not participating with you):

Emergency Contact number: _____

Military Branch: Army Navy Air Force Marines Coast Guard
 National Guard Space Force

Please attach a copy of your DD214 or VA Card.

VA Disability Rating: _____

Would you like assistance in establishing VA benefits? Yes No

Who would you like to learn how to dive with? (Check all that apply)

Spouse _____ Companion _____ Children _____ Friend _____

Above persons name(s): _____

Contact Number: _____

What is your availability for training?

Days Evenings Weekends Weekends only Other: _____

Would you like child care? (ages 10 and up are welcome to participate) Yes No

Do you have any specific concerns or medical issues that you feel might be a barrier to learning how to scuba dive?

Our goal is to assist our fellow veterans in learning new skills that reinforce medical and mental health treatments, develop and foster existing family relations and create a life-long hobby. This is a get-give program. Our hope is that once you learn (get) a new skill, you will be inspired to help (give) other veterans and the local community, and have fun along the way!