



## Membership Application

### *Mission*

The mission of SCUBAnauts International is to educate teens in the marine sciences, enabling them to make a positive impact on the environment and empowering them to become tomorrow's leaders.

### *Purpose*

SNI is organized and operated exclusively for scientific, educational, and charitable purposes within the meaning of Section 501(c)(3) of the U.S. Internal Revenue Code of 1986, as amended, or the corresponding sections of any prior or future law, including for the following purposes:

- a. Training young men and women in the sport of SCUBA diving;
- b. Educating young men and women in the underwater environment and marine and freshwater sciences; and
- c. Developing character, citizenship, and leadership through participation in such organized activities.

### *Equality and Fairness*

No adult or youth will be discriminated against on the basis of race, color, national origin, marital status, political or religious beliefs, family, social or cultural background, or sexual orientation. No adult or youth will be treated unfairly. Likewise, no adult or youth will be granted any advantage over any other adult or youth unjustly.

**PLEASE PROVIDE THE INFORMATION REQUESTED BELOW AND UPLOAD CERTIFICATIONS TO MANTA.**

Completion and submission of this application is your first step towards qualifying to become a SCUBAnaut. The information requested must be completed in its entirety. Unanswered questions will delay the process in your becoming a SCUBAnaut.

**TYPE OF MEMBERSHIP:** DIVING  OR NON-DIVING  **DOB (MM/DD/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**GENDER:** (optional)  Male  Female

**ARE YOU CERTIFIED: \*please upload copies of documentation for all certifications**

Basic SCUBA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date: _____	<b>Total No. of Dives:</b> _____
Advanced SCUBA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date: _____	
Rescue Diver	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date: _____	
Nitrox (EANx)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date: _____	
CPR/First Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date: _____	
Oxygen Provider	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date: _____	
DAN Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date: _____	<b>Insurance No.:</b> _____

**HOW DID YOU HEAR ABOUT SCUBANAUTS?** \_\_\_\_\_

**WHAT SCHOOL DO YOU ATTEND?** \_\_\_\_\_ **GRADE LEVEL:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

**IN WHAT EXTRACURRICULAR ACTIVITIES ARE YOU CURRENTLY INVOLVED (IE, SPORTS, CLUBS, CHURCH GROUPS, ETC.)?**

**WHAT ARE YOUR FUTURE CAREER GOALS?**

**PARENT/GUARDIAN CONTACT INFORMATION:**

(AT LEAST ONE ADULT MUST BE AN ACTIVELY CONTRIBUTING MEMBER OF SCUBANAUTS AS A QUALIFIED ADULT (COMPLETE SAFETY TRAINING, BACKGROUND SCREENING, FINGERPRINTING AND SUPPORT NAUT ACTIVITIES, IE, MANY HANDS MAKE LIGHT WORK))

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

**QUALIFIED ADULT?**  Yes  No  
If YES, COMPLETE FORM 9.2

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

**PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

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

**QUALIFIED ADULT?**  Yes  No  
If YES, COMPLETE FORM 9.2

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

**PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

## SNI Standards of Character, Citizenship and Leadership

The following fundamental principles (SNI Standards of Character, Citizenship and Leadership) shall apply to the behavior of all SNI Members (adult and youth) during all SNI activities and events:

- a. Be honest and exhibit high moral standards, ethics and personal integrity.
- b. Be respectful and courteous.
- c. Be responsible and dependable.
- d. Be fair and reasonable.
- e. Act safely.
- f. Be active in community and helpful to those in need.
- g. Maintain discretion and confidentiality.
- h. Do not intentionally embarrass, bully, haze, or insult.
- i. Do not make any false, malicious, or disparaging remarks.

I, \_\_\_\_\_, **acknowledge** that SCUBAnauts International is an organization of young women and men training to become America's future leaders. I understand that SCUBAnauts are trained to conduct scientific diving in accordance with the standards of the American Academy of Underwater Sciences (AAUS) and that the diving will be led by qualified adult mentors, including SCUBA instructors and dive masters, scientists, and educators. I understand that scientific diving may include benthic habitat monitoring, fish and sea turtle counts, coral reef restoration, underwater archeology, and community outreach activities.

I, \_\_\_\_\_, **agree** to abide by the SNI STANDARDS OF CHARACTER, CITIZENSHIP AND LEADERSHIP (as set forth above).

I, \_\_\_\_\_, **understand** that **SAFETY** is of the utmost importance in participating in the SNI program and that I **pledge** to do my part to maintain the **SAFETY** of the SNI program for myself and all other participating persons. I further understand that if my skills, training, fitness or behavior is lacking in any way that may put me or other members at risk, I may not be allowed to participate. I agree that I will strive to ensure a **SAFE** and **POSITIVE** environment and to encourage and support the SNI program knowing that any form of unsafe, disruptive or destructive conduct will not be tolerated.

I, \_\_\_\_\_, **understand** that if I do not maintain my qualifications and certifications, meet the minimum annual logged dive requirements, attend Chapter meetings regularly, and participate in community service activities as required by the SNI program, I risk losing my SNI ranking, risk participation in scientific dives, events and trips, and risk dismissal from the SNI program completely.

I, \_\_\_\_\_, **am interested** in becoming a member of SNI and learning about our underwater world by exploring and researching our marine and freshwater environments in a **SAFE** and **POSITIVE** environment that builds character, promotes active citizenship, and develops leadership skills.

Further, I, \_\_\_\_\_ hereby **grant SCUBAnauts International permission** to use my likeness and / or the likeness of my child(ren) when participating in SCUBAnaut activities in a **photograph**, interview, video, or other digital media in any and all of its publications, including web-based publications and promotional materials, without payment or other consideration. The images will be the sole property of SCUBAnauts International. I hereby release and hold harmless the local SCUBAnaut Chapter and SCUBAnauts International from any claim arising from the use of these images.

I wish to opt out at this time.

Signature: \_\_\_\_\_  
(Youth)

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DO NOT MAIL THIS FORM. PLEASE BRING IT WITH YOU TO YOUR CHAPTER MEETING.**