

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 🗆 OI	R Non-I	DIVING \Box DOB	(MM/DD/YYYY):	/ _	/	
First Name: Last Name:							
Mailing Address:							
Спу:		STATE: ZIP CODE:					
Рноле:	Email Address:						
Gender: (optional)	Female						
Are you certified: *pl	ease upload c	copies of	documentation for	all certifications			
Basic SCUBA	\Box Yes	□No	If yes, give date:	Tota	Total No. of Dives:		
Advanced SCUBA	□Yes	□No	If yes, give date:_				
Rescue Diver	□Yes	□No	If yes, give date:_				
Nitrox (EANx)	□Yes	□No	If yes, give date:_				
CPR/First Aid	□Yes	□No	If yes, give date:				
Oxygen Provider	□Yes	□No	If yes, give date:				
DAN Insurance	□Yes	□No	If yes, give date:	Insu	irance N	No.:	
How did you hear about	SCUBANAUT	rs?					
What school do you attend?				Grade Le	VEL:	GPA:	
In what extracurricula	R ACTIVITIES AR	RE YOU CUI	RRENTLY INVOLVED (IE	, sports, clubs, chur	ch group	ps, etc.)?	
What are your future o	CAREER GOALS?						
PARENT/GUARDIAN							
(AT LEAST ONE ADULT MUST E BACKGROUND SCREENING, FINO						MPLETE SAFETY TRAINING,	
Name:			N	AME:			
•	\Box Yes \Box No		Q	UALIFIED ADULT?	$\Box Y$	es □No	
	IF YES, COMPI	lete Form	1 9.2		If Y	es, Complete Form 9.2	
Address:			A	DDRESS:			

PHONE:

EMAIL ADDRESS:

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

PHONE:

EMAIL ADDRESS:

Rev02/20/2019

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 <u>all</u> SNI activities and events:

- and personal integrity.
- b. Be respectful and courteous.
- c. Be responsible and dependable.
- d. Be fair and reasonable.
- e. Act safely.
- a. Be honest and exhibit high moral standards, ethics 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 gualified 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.

_____, agree to abide by the SNI STANDARDS OF CHARACTER, CITIZENSHIP Ι, _ 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.

_____ hereby grant SCUBAnauts International permission to Further, I, ____ use my likeness and / or the likeness(es) 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 agree to the photo release for the following members of our family (Others will be excluded from photos.):

 \Box I wish to opt out at this time. Initials: _____

Signature: ____ Date: (Youth) Qualified-Adult Pledge: I understand that this is not a "drop off" club. It is volunteers that make SNI extraordinary, as such, I will find some way to volunteer some time to benefit this group for my Naut. Date: _____ Parent/Guardian Signature:

Parent/Guardian Signature: Date: __

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