



# Ice Diving Operations Trainer Application

A complete application, including all required documentation, must be received at Dive Rescue International headquarters at least 21 days prior to the first day of class.

Ice Diving Operations Trainer Course Location \_\_\_\_\_ Date \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ T-shirt size \_\_\_\_\_

## Department/Team Affiliation

Department / Team \_\_\_\_\_ Position / Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor's Email \_\_\_\_\_

This application does NOT guarantee your acceptance into the program. You will be notified of your acceptance after your application has been approved.

## Required Documentation

 All of the following must accompany this application

Proof of current Dive Rescue I Trainer Certification  Proof of Ice Diving Operations Certification  Method of payment

Proof of CPR  Proof of First Aid, EMT or Paramedic  Letter of team sponsorship  10 logged drysuit or ice dives

Completed Medical Form with Physician's Signature

## Payment Information Tuition \$550

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Credit Card Number \_\_\_\_\_  Department Card Exp. \_\_\_\_\_  Personal Card \_\_\_\_\_ Security Code \_\_\_\_\_

Purchase Order Number \_\_\_\_\_ Please provide a copy of the PO with registration

Check Number \_\_\_\_\_

## Instructor and/or Training Experience

\_\_\_\_\_

## Diving Experience

\_\_\_\_\_

Ice Diving Operations Trainer certificates are earned on the basis of satisfactory class performance. In this way, Dive Rescue International preserves the quality of its programs and reaffirms its commitment to present and future trainees.

Student Ice Diving Operation kits are a required part of the Ice Diving Operations Trainer teaching system and must be purchased at least 14 days prior to your department sponsored classes.

To Register (select one):

**Fax** the application to (970) 482-0893

**Email** the application to [Training@DiveRescueIntl.com](mailto:Training@DiveRescueIntl.com) (preferred)

**Mail** the application to Dive Rescue International 201 North Link Lane, Suite A

Fort Collins CO 80524

**Print Form**



# Sample Sponsorship Letter

MUST BE ON DEPARTMENT LETTERHEAD  
and contain the following paragraphs!

**Date**

Dive Rescue International  
Attn: Education Department  
201 North Link Lane  
Fort Collins, CO 80524-2712

Dive Rescue International,

This will confirm that **(name)**, an employee of **(department)** is instructing Ice Rescue to our employees in his/her capacity as a certified Ice Rescue Trainer.

**(Name)** is covered for instructor liability exposure while acting in his/her capacity as an employee of **(department)**. The trainer is defended by the agency self insurance or insured liability coverage.

**(Department)** understands that it is our responsibility to notify Dive Rescue International of changes in this coverage or this employee's status as an employee or instructor.

If you should have any questions on this matter please contact the undersigned.

Sincerely,  
**(Department Name)**

Supervisor's Signature

(Supervisor's Name)  
(Supervisor's Position)