



MRI Underwater Archaeology Field School

May 21-June 10, 2017

Submit to:

Allyson Ropp, allysonr@lcmm.org

The Lake Champlain Maritime Museum (LCMM) will be hosting the Maritime Research Institute (MRI) Underwater Archaeology Summer Field School 2017 on an undocumented and unknown wreck in Basin Harbor, Vergennes, VT. Participants will be able to contribute to the research of this site to help understand its place in Lake Champlain history. The field school will be taught by LCMM maritime archaeologists and will include underwater excavation, surveying, photography, and artifact conservation.

Minimum dive requirements include SCUBA Open Water. All divers attending must have DAN or another dive insurance. All divers must have CPR/First Aid. Divers must provide their own dive gear. Gear rentals can be arranged through the local dive shop, Waterfront Diving, with assistance by LCMM staff.

Cost: \$2525.00. Price includes transportation, food, tanks, air fills, and archaeological supplies. A \$250.00 deposit is due upon acceptance.

This course can be taken for credit, for a total of 3 credits, through Castleton University. The credit cost is \$450.00.

Housing is available at LCMM on the Canal Schooner, Lois McClure, for \$500.00. Note this is rustic style housing on the canal schooner. There will be access to bathrooms, showers, and other conveniences in museum buildings, but not on the canal schooner. Please contact the Field School Coordinator if you are interested in museum offered housing. Otherwise, housing at a nearby location is the responsibility of the student.

APPLICANT INFORMATION

Name _____ Age _____ Birth Date ____-____-____
Last First Preferred mo. day yr.

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell (____) _____ Email _____

T-Shirt Size _____ Interested in Museum offered housing? Y/N

Special Dietary Needs _____

University & Major _____

Circle one: Freshman Sophomore Junior Senior Recently Graduated Master's Program PhD Program

Do you wish to receive academic credit? Y/N Graduate or Undergraduate? G/U

How did you hear about this opportunity? _____

Please complete this cover sheet along with the MRI Diver Questionnaire, Diving Experience Resume, and MRI Field School Agreement which are attached to this form. When complete, please return all forms to Allyson Ropp. Please feel free to contact her at allysonr@lcmm.org, if you have any further questions.



MRI DIVER QUESTIONNAIRE

Last Name: _____ First Name: _____ MI: _____

Address: _____
(Street) (City) (State) (ZIP)

HOME Phone: _____ WORK Phone: _____

MOBILE Phone: _____ EMAIL: _____

Occupation: _____ Birth Date ____ - ____ - ____
mo. day yr.

EMERGENCY INFORMATION: In case of an emergency, whom should we contact?

Name: _____ Relationship: _____

HOME Phone: _____ WORK Phone: _____

MOBILE Phone: _____

Address: _____
(Street) (City) (State) (ZIP)

SCHOOL OR OTHER AFFILIATION

If you are a high school student:

School Name: _____ Status (circle one): F S Jr Sr

If you are a university student:

University: _____ Status (circle one): Undergrad Graduate

Major: _____ Expected Graduation date: _____

If you are a professional archaeologist/historian/other researcher: (Please attach curriculum vitae)

Research Specialty: _____ Affiliated Institution: _____

If you are an avocational archaeologist:

Amateur group(s) affiliated with: _____

Years of Experience, archaeology on land: _____ Archaeology, underwater: _____



DIVING EXPERIENCE RESUME

Name: _____ Birth Date ____ - ____ - ____
mo. day yr.

Date of Last Physical: _____ Date of Last Chest x-ray: _____

Are there any medical conditions that limit your diving: Yes No If yes, please explain on the back.
Have you ever suffered a diving accident? Yes No If yes, explain on the back.

Training and Certifications

Please attach copies of certification cards or records of training. List agency, type, and year in the spaces below.

Basic Diving Certification: _____
CPR: _____ First Aid: _____ Oxygen Admin: _____
Rescue: _____ Advanced Diver: _____ Master Diver: _____
Divemaster: _____ Asst. Instructor: _____ Instructor: _____
DAN Dive Insurance: _____
Any other special certifications: _____

Career Open Water Dives (estimate)

Dives: _____ # Hours: _____ Max. Depth: _____ Date & Depth of last dive: _____
Approx. # of dives in the past year: _____ Average depth to which you regularly dive: _____

Indicate your diving experiences in the following categories:

E = Extensive (more than 20 dives) M = Moderate (5-20 dives) L = Limited (1-4 dives) N = None

Diving from Boats/Ships:
____ Small Boats (up to 20')
____ Vessel 21' - 100'
____ Ships > 100'

Shore Diving
____ General Shore Diving
____ Surf

Overhead Environments Diving
____ Ice Diving
____ Cave Diving
____ Cavern Diving
____ Wreck Diving

Freshwater Diving
____ Ponds, Lake, Quarries
____ Rivers
____ Sinks or Springs

Other:
____ Night Diving
____ Decompression Diving
____ Diving at Sea (Blue Water)
____ Diving EMT/Chamber Operator
____ Cold Water (<60°F) Diving
____ Limited Visibility (less than 5 feet) Diving
____ Zero Visibility Diving
____ Very Clear Water (greater than 50' vis.) Diving
____ Saltwater Diving
____ Mud or Silt Bottom Diving
____ Coral Reef Diving
____ Strong Current (over 1/2 knot) Diving
____ Altitude (above 2000') Diving
____ Underwater photography/videography
____ Dry Suit Diving
____ Nitrox/Mixed Gas Diving
____ Commercial Diving
____ Military Diving
____ Scientific Diving
____ Surface-Supplied Diving
____ Rebreather Diving
____ Towed Diving

Research Diving Experience

Level of Experience _____ Examples of Research Diving Projects _____

Other Relevant Experience or Certifications _____



MRI Field School Agreement

Please check the box next to EVERY statement below. If your application is accepted, upon your arrival in May, you will be asked to sign this document.

- I have studied the course syllabus and information contained in the Field School description, and understand the policies, regulations, and expectations for this Field School.
- I recognize that, if applicable, I am responsible for completing all academic requirements to receive credit, and that I must arrange any transfers of credit to my home institution.
- I have completed a physical examination with my physician during this calendar year (2017) and have attached my completed and signed medical waiver forms.
- I understand the pre-requisite requirements for SCUBA, DAN Insurance, and CPR/First Aid certification, and have provided documentation of them.
- I acknowledge that I am responsible for providing and maintaining my own personal gear and equipment, as well as transportation to and from the field school, or I have already made alternate arrangements with the Field School Coordinator.
- I understand that I am responsible for contacting LCMM to correct any errors or omissions, and will provide any necessary clarifications if asked.
- I certify that the above information is true and complete to the best of my knowledge. I acknowledge that my application does not guarantee admission. If accepted, I promise to observe all the rules, regulations, and requirements set by LCMM to ensure both my safety and the safety of others. I further acknowledge that a violation of these, at the sole discretion of LCMM staff, may result in my dismissal from the field school without any refund of my tuition.
- I grant to the Lake Champlain Maritime Museum the right to take photographs and video of myself in connection with the field school. I authorize the Lake Champlain Maritime Museum, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Lake Champlain Maritime Museum may use my image/voice with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content, without compensation. [Please note that you will not be disqualified from the field school if you do not wish to check this box.]

Feel free to provide any additional Information or Comments for our Reviewers:

Please let us know where you heard about our Field School: _____

After Acceptance

Signature _____

Date _____

*After submitting this application, you must email Field School Coordinator Allyson Ropp at allysonr@lcmm.org with the following documents (PDF or JPEG). These are REQUIRED components of your application:

SCUBA Certification Card
Completed and Signed NAUI Medical Waiver

Current CPR Certification Card
Proof of DAN Insurance

