



TIDE COMMUNITY RESEARCHER APPLICATION FORM

INSTRUCTIONS: Please return this application form via email (info@tidebelize.org) or to TIDE's main office, **ALONG WITH** a completed DAN Diver Medical Participant Questionnaire **AND** your resume before 5pm Monday 7th July 2025.

DISCLAIMER:

Work as a community researcher is PART-TIME and on a needs basis – researchers are contacted via phone, WhatsApp or Facebook when work opportunities arise, therefore having access to a phone, Internet and Facebook is preferred;

Work is sometimes conducted over the weekend;

Anticipated work commitment: minimum of 20 days throughout one year after completion of the program (in other words, you will need to commit to 20 days of work for at least 1 year with TIDE after completing the training);

Each new researcher is expected to give back to TIDE 5 days of work at no fee, as a contribution to the organization following the training

For every dive conducted under TIDE, each diver is needed to be insured which is done yearly.

Once insured under TIDE you must commit to paying back insurance in full or installments which should be covered within the one year of issuance of insurance.

Great opportunity for university students interested in environmental science or resource management looking for more experience;

Community Researcher work is compatible with most work and school schedules;

You must be willing to work in remote environments with basic living conditions for up to 7 days at a time;

Must be in good physical health – a level of general fitness is required to carry out SCUBA diving and other monitoring activities (all candidates are required to submit a diver medical form);

Alcohol or drugs are **NOT** permitted during monitoring activities.

GENERAL INFORMATION	
NAME:	PHONE NUMBER: () CELL () WORK () HOME
CURRENT ADDRESS/RESIDENCE:	E-MAIL:
SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	



GENDER: () FEMALE () MALE () OTHER	
MARITAL STATUS: () SINGLE () MARRIED () DIVORCED () SEPARATED () DATING () NOT DATING	IF MARRIED, NAME OF SPOUSE: _____
NO. OF CHILDREN: Are you pregnant or intend to become pregnant within the next year? () Yes () No	AGE(S) OF CHILD(REN): _____
ALCOHOL AND RECREATIONAL DRUG USE: Alcohol Use () Never () Current () Former Amount used (per week) _____ Started ____ Stopped ____ Recreation Drug Use () Never () Current () Former Amount used (per week) _____ Started ____ Stopped ____	
EMERGENCY CONTACT Name: _____ Relationship to you: _____ Phone: _____ Email: _____	
AVAILABLE START DATE:	
LEVEL OF SCUBA CERTIFICATION (IF ANY):	



EDUCATION			
School Name	Dates of Attendance	Location	Degree Obtained

WORK EXPERIENCE			
Company Name	Dates of Employment	Location	Job Title

PLEASE PLACE A CHECK (✓) IF YOU AGREE TO THE FOLLOWING STATEMENTS:

___ I understand that upon completion of the training program, I am willing and able to commit to at least one year of part-time work as a community researcher for TIDE.

___ I understand that upon completion of the training program, I am expected to work for 5 days unpaid as a contribution to TIDE

___ I do not have any medical conditions that will prevent me from diving or from working in a hot strenuous environment.

___ I am willing to work in a remote environment with basic living conditions for up to 7 days at a time.

___ I understand that alcohol and/or drugs are **NOT** permitted during monitoring activities.

___ I understand that I need to pay back insurance issued to me, in full or installments within the year of issuance.



SHORT-ANSWER SECTION (please respond to each question in under 150 words per question)

Why are you applying to become a community researcher? *(respond in less than 150 words)*

What do you expect to gain from your experience as a community researcher? *(respond in less than 150 words)*

How familiar are you with TIDE's research and monitoring activities? *(respond in less than 150 words)*

What skills can you bring to TIDE as a community researcher? *(respond in less than 150 words)*

What are your long-term goals and how would being a community researcher help you achieve those? *(respond in less than 150 words)*



How did you hear about the community researcher training program? *(respond in less than 150 words)*

Please also attach your resume for review along with a recent photo.

Date: _____ **Signature:** _____

Please fill out the attached Diver Medical fitness form and send it along with this application form.