



## **Reef Renewal USA Internship Qualifications**

Thank you for expressing your interest in our exciting summer internship opportunity!

This unique internship takes place in the Florida Keys and is hosted by *Reef Renewal USA*. We are actively seeking two dynamic interns who will embark on a journey of hands-on, immersive training and activities focused on coral reef restoration. Additionally, interns will play a vital role in community engagement and gain valuable experience in nonprofit management.

Scheduled to commence on May 6 and concluding on August 30, this internship spans approximately four months, offering a comprehensive and enriching experience.

### **An ideal candidate would have the following:**

- Open Water SCUBA Certified (through a recognized certification body—NAUI, PADI, SSI, etc.)
  - Certify that you have at least 30 dives.
    - 10 of which must be ocean dives, and 10 from a boat.
    - at least one logged dive within a year of internship start date
- Preferred candidates will have:
  - Training beyond Open Water Scuba
  - Active Oxygen Administration certification
  - Active CPR/First Aid certification
  - Photo and video skills
- To participate in diving, candidates will be required to provide:
  - RSTC document (attached) or dive physical.
  - Proof of diving certification
  - Proof of active dive insurance (DAN)
- Currently enrolled in a credit-bearing degree program\* or a recent graduate
- In order to participate in diving, you must own or have access to working condition and reliable dive gear (excluding tanks). This includes BCD, regulator, mask, fins, snorkel, dive computer, wetsuit, weights, and gloves. The internship host will provide all coral-related working tools.



- Must have a working computer.
- Vehicular transportation is the responsibility of the intern.
- Coral work requires a high level of physical activity and/or physical exertion. Interns must be able to carry 65 pounds and able to lift 35 pounds overhead.
- A typical work week is 35-40 hours a week but may also include some weekends and holidays.
- Possess strong communication, interpersonal, and time management skills.
- Able to work well and interact with the public and our volunteers.
- Able to engage and educate audiences about marine life and ecosystems of the FL Keys.
- Ability to work well in a team environment, but also work well independently.
- Flexible and ability to take initiative and successfully complete assigned tasks.
- Come with an open and curious mind and a willingness to learn and grow.

\*If you qualify for school credit, we will work with you and the school to fulfill requirements.

### **Benefits**

- \$600/month living stipend. Each intern will receive their own stipend.
- 2-1 supervisory ratio in immersive coral restoration training.
- Focused attention from RRUSA staff.
- No office location, remote work required.



### **Internship Description & Outcomes**

The internship is designed to be an introduction to coral reef restoration and nonprofit management. It is generally land based but the candidates will have exposure as a RRUSA volunteer diver during their internship. They will report directly to Reef Renewal USA staff.

This position represents the opportunity to inspire and train the next generation of coral restoration specialists and marine biologists. They will learn the basics of coral reef restoration theory and nonprofit management, while participating in RRUSA's innovations. Our hope is to advance the legacy of RRUSA by passing on this passion for restoring Florida's Coral Reef and reefs around the world onto the next generation.

While in this position, you will act as a volunteer for Reef Renewal USA and will be required to sign a volunteer waiver to participate in RRUSA's water activities.

### **Topics Covered in Internship at RRUSA**

- Species identification
- Public speaking
- Professionalism
- Nonprofit Management
- Volunteer Coordination
- Grant Reporting
- Grant Writing
- Data Management
- Digital Media
- Science Communications
- Community engagement
- Coral husbandry
- Coral restoration techniques
- Boulder coral fragmentation

### **Internship Learning Outcomes**

- Identify main coral species that RRUSA grows and works with.
- Have a basic understanding of coral biology, reproduction, and coral reef ecosystems.
- Can effectively communicate the basics of RRUSA coral restoration efforts.
- Can perform coral nursery maintenance techniques.
- Can effectively coordinate and manage volunteers.
- Experience in communications across various social media platforms.
- Experience in grant writing and reporting.



## Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

### Directions

**Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.**

**Note to women:** If you are pregnant, or attempting to become pregnant, *do not dive*.

|    |   |  |                             |
|----|---|--|-----------------------------|
| 1  | I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.  | Yes <input type="checkbox"/><br>Go to box <b>A</b> | No <input type="checkbox"/> |
| 2  | I am over 45 years of age.  | Yes <input type="checkbox"/><br>Go to box <b>B</b> | No <input type="checkbox"/> |
| 3  | I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months. | Yes <input type="checkbox"/> *                     | No <input type="checkbox"/> |
| 4  | I have had problems with my eyes, ears, or nasal passages/sinuses.  | Yes <input type="checkbox"/><br>Go to box <b>C</b> | No <input type="checkbox"/> |
| 5  | I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.   | Yes <input type="checkbox"/> *                     | No <input type="checkbox"/> |
| 6  | I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.   | Yes <input type="checkbox"/><br>Go to box <b>D</b> | No <input type="checkbox"/> |
| 7  | I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.                   | Yes <input type="checkbox"/><br>Go to box <b>E</b> | No <input type="checkbox"/> |
| 8  | I have had back problems, hernia, ulcers, or diabetes.  | Yes <input type="checkbox"/><br>Go to box <b>F</b> | No <input type="checkbox"/> |
| 9  | I have had stomach or intestine problems, including recent diarrhea.  | Yes <input type="checkbox"/><br>Go to box <b>G</b> | No <input type="checkbox"/> |
| 10 | I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam)).  | Yes <input type="checkbox"/> *                     | No <input type="checkbox"/> |

### Participant Signature

If you answered **NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

**Participant Statement:** I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

\* If you answered **YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

## Diver Medical | Participant Questionnaire Continued

| BOX A – I HAVE/HAVE HAD:  |                                |                             |
|---|--------------------------------|-----------------------------|
| Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| A diagnosis of COVID-19.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| BOX B – I AM OVER 45 YEARS OF AGE AND:  |                                |                             |
| I currently smoke or inhale nicotine by other means.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| I have a high cholesterol level.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| I have high blood pressure.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy). | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| BOX C – I HAVE/HAVE HAD:  |                                |                             |
| Sinus surgery within the last 6 months.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Ear disease or ear surgery, hearing loss, or problems with balance.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Recurrent sinusitis within the past 12 months.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Eye surgery within the past 3 months.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| BOX D – I HAVE/HAVE HAD:  |                                |                             |
| Head injury with loss of consciousness within the past 5 years.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Persistent neurologic injury or disease.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Recurring migraine headaches within the past 12 months, or take medications to prevent them.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Epilepsy, seizures, or convulsions, OR take medications to prevent them.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| BOX E – I HAVE/HAVE HAD:  |                                |                             |
| Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| An addiction to drugs or alcohol requiring treatment within the last 5 years.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| BOX F – I HAVE/HAVE HAD:  |                                |                             |
| Recurrent back problems in the last 6 months that limit my everyday activity.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Back or spinal surgery within the last 12 months.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| An uncorrected hernia that limits my physical abilities.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| BOX G – I HAVE HAD:   |                                |                             |
| Ostomy surgery and do not have medical clearance to swim or engage in physical activity.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Dehydration requiring medical intervention within the last 7 days.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Active or uncontrolled ulcerative colitis or Crohn's disease.   | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| Bariatric surgery within the last 12 months.  | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |

# Diver Medical | Physician's Evaluation Form

**Participant Name**

**Birthdate**

(Print)

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit [uhms.org](http://uhms.org) for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

## Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Physician's Signature

Date (dd/mm/yyyy)

**Physician's Name**

**Specialty**

(Print)

**Clinic/Hospital**

**Address**

**Phone**

**Email**

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

**The Undersea & Hyperbaric Medical Society**

**DAN (US)**

**DAN Europe**

**Hyperbaric Medicine Division, University of California, San Diego**