



Wounded American Veterans Experience SCUBA

Dear WAVES Project Candidate

The WAVES Project was started by a group 8-0049

of SCUBA Instructor who wanted to share the love of SCUBA diving with soldiers returning for foreign wars. The WAVES Project is staffed with professional SCUBA diving instructors and other individuals with a strong passion to give back to our wounded veterans. The men and women who served this country and received a service related injury, traumatic wounds, amputations or other life changing injuries; as well as their families, deserve the opportunity to experience what SCUBA diving and its [Aquatic therapy](#) has to offer.

The Waves Project has been established to provide an opportunity for American Veterans who have suffered from a service related injury and their families to experience scuba diving. SCUBA diving can help the wounded veteran by promoting independence and self-confidence in many ways. The wounded veteran will benefit from becoming an underwater equal to able bodied divers and discover new personal goals and opportunities. They will also enjoy the peace and relaxation achieved by the weightlessness that our silent world provides, providing a therapeutic value for veterans dealing with Post Traumatic Stress. Through reduced external influences, scuba diving allows them to concentrate on less painful recovery and rehabilitation.

In order to initiate the process for the SCUBA diving experience, please attached your VA rating or Award letter to your application.

Please fill out and sign the application and return to us either by U.S. Mail, email or faxed (information provided below).

Waves Project Inc
PO Box 1385
Temecula, CA 92593
951-308-0049
email: enroll@wavesproject.com
fax: **888-216-6488**

WAVES Project
P.O. Box 1385
Temecula CA 92593
951-308-0049
www.wavesproject.org
enroll@wavesproject.com



Wounded American Veterans Experience SCUBA

WAVES Candidate Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone _____

Please provide the best form of communication with you (email, phone). Our volunteers will be organizing your training and will need to be able contact you regularly. Please respect their time and return calls or emails promptly!

Date of Birth: _____

What branch of the military do you serve?

US ARMY National Guard US Navy USAir Force US Coast Guard US Marine Corp

Last Rank Held _____

Dates of Service: _____

Are you currently on active duty? Yes _____ No _____

Campaign Medal(s): _____

Describe Injury / Disabilities: _____

Please be detailed in your explanation of your disability.

Information for Equipment Sizing:

Height: _____ Weight: _____ Shoe Size: _____ T-Shirt Size: _____

(if MKA, BKA or AKA, height prior to injury)

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WAVES "Buddy" Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to WAVES "Candidate": _____

Email Address: _____

Home Phone: _____ Cell Phone _____

Please provide the best form of communication with you (email, phone). Our volunteers will be organizing your training and will need to be able contact you regularly. Please respect their time and return calls or emails promptly!

Date of Birth: ____/____/____

(Only if applicable)

What branch of the military do you serve?

US ARMY National Guard US Navy USAir Force US Coast Guard US Marine Corp

Last Rank Held _____

Dates of Service: _____

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