

Volunteers are requested to make at least 4 classroom visits and attend one workshop each year.

Personal Information	Professional Information
Name	Employer/Affiliation
Address	Your profession
City	Years?
State Zip	Address
Home Phone	CityStateZip
E-mail	Phone E-mail
Best time to contact you	

Astronomer/Space Scientist Background ~ Help us make a good match!

Please briefly describe your background and your experiences in astronomy:

Experiences with Public Outreach

Please describe any experience in astronomy education (schools, youth groups, or the public):

Please list any other experience you have working with children:

Grade level(s) you would prefer to work with (circle all that apply): 4 5 6 7 8 9 no preference School/organization type(s) you would prefer (check all that apply):

□ public □ private □ parochial □ urban □ suburban □ rural □ youth group □ no preference

Astronomer/Space Scientist Interests and Affiliations

Briefly, why are you interested in working with Project ASTRO?

Please list astronomy/space-related organizations you are involved with (clubs, observatories, etc.):

In addition to classroom activities, are there other ways you can assist a school (e.g. star parties)?

Which topics in astronomy and space science do you most enjoy communicating to non-scientists?

Commitment

We ask that you make at least 4 visits to your assigned partner school or community center, plus one planning/observation visit. Most visits will be during the school day. Please circle the days/times you can be available:

Time D	Day					
☐ morning (8am	n-noon)	М	Т	W	Th	F
☐ afternoon (no	on-2pm)	М	Т	W	Th	F
□ after school (2	2pm-6pm)	М	Т	W	Th	F
evenings		М	Т	W	Th	F
u weekends		S	at	S	un	

Preferred Location

We will make every effort to find a partner teacher/school that is convenient for you. Would you prefer to volunteer near to:

□ your home? Please list possible areas:

□ your work? Please list possible areas:

□ Either your home or work?

How far are you willing to travel?

____ miles from work ____ miles from home

Note: A few local schools require fingerprinting, background checks, or TB tests for all non-parent volunteers. Are you willing to comply with such screening policies, if necessary?

🗆 yes 🖵 no

By signing this form, I certify that the above information is true, that I am able and willing to make the necessary time commitment described above to Project ASTRO, and that I will keep in regular contact with my educator partner and with Project ASTRO.

Signature _____ Date

THANK YOU! We look forward to working with you and are sure that you will have a rewarding experience in helping our local schoolchildren – and their teachers – learn about astronomy and space. On receipt of this application we shall send you an acknowledgment via email. Questions? Send an email to the local coordinator for Project ASTRO, Dr. Philip Blanco: pblanco@sciences.sdsu.edu.