PROJECT ASTRO 2011-12 ASTRONOMER / SCIENTIST VOLUNTEER APPLICATION

Online information: http://mintaka.sdsu.edu/projectastro/index.html. Please return via fax or mail by Aug 1 to:

Dr. P. Blanco (Project ASTRO), SDSU Astronomy Dept, San Diego, CA 92182-1221. Fax: (619) 594-1413.

The next Project ASTRO workshop is scheduled for Saturday August 20 from 9:30am-3:30pm at the Reuben H. Fleet Science Center. Volunteers are expected to attend one workshop each year.

Personal Information

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

E-mail _____

Best time to contact you _____

Professional Information

Employer/Affiliation_____

Your profession _____

Years?____ ❑ full-time ❑ part-time ❑ retired

Address _____

City_____State____Zip_____

Phone _____

E-mail _____

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	Day
❑ morning (8am-noon)	M T W Th F
❑ afternoon (noon-2pm)	M T W Th F
❑ after school (2pm-6pm)	M T W Th F
❑ evenings	M T W Th F
❑ weekends	Sat Sun

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*.