



PROJECT ASTRO 2014-15 ASTRONOMER / SCIENTIST VOLUNTEER APPLICATION

Online information: <http://mintaka.sdsu.edu/projectastro/index.html>. Please return via fax or mail, or email by Oct 1 to:

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

Email (for scanned forms): pblanco@mail.sdsu.edu - or bring it with you to the workshop.

The next Project ASTRO workshop will be held on Sat Nov 1 2014, 9:30-3pm at the R. H. Fleet Science Center.

Volunteers are requested to make at least 4 classroom visits and 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 (professional and/or amateur) with astronomy and space:

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	
<input type="checkbox"/> morning (8am-noon)		M T W Th F
<input type="checkbox"/> afternoon (noon-2pm)		M T W Th F
<input type="checkbox"/> after school (2pm-6pm)		M T W Th F
<input type="checkbox"/> evenings		M T W Th F
<input type="checkbox"/> 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: Some 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@mail.sdsu.edu.