PROJECT ASTRO 2008-2009 ASTRONOMER / SPACE SCIENTIST APPLICATION

Online information: http://mintaka.sdsu.edu/projectastro/index.html. Please return 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 will take place on Saturday August 16 2008 from 9:30am-3:00pm at the Reuben H. Fleet Science Center. Partners are expected to attend one workshop each year.

<table>
<thead>
<tr>
<th>Personal Information</th>
<th>Professional Information</th>
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<tbody>
<tr>
<td>Name _____________________________</td>
<td>Employer/Affiliation__________________</td>
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<tr>
<td>Address ___________________________</td>
<td>Your profession ______________________</td>
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<tr>
<td>City ______________________________</td>
<td>Years? ____  ❑ full-time  ❑ part-time  ❑ retired</td>
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<tr>
<td>State _______ Zip ________________</td>
<td>Address ______________________________</td>
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<tr>
<td>Home Phone ________________________</td>
<td>City___________________State____Zip_____</td>
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<td>E-mail ___________________________</td>
<td>Phone ________________________________</td>
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<td>Best time to contact you __________</td>
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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 volunteers make at least 4 visits to their partner school or community center, plus one planning/observation visit. Most visits will be during the school day. Please circle times/days you are available:

<table>
<thead>
<tr>
<th>Time</th>
<th>Day</th>
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<tbody>
<tr>
<td>morning (8am-noon)</td>
<td>M T W Th F</td>
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<tr>
<td>afternoon (noon-2pm)</td>
<td>M T W Th F</td>
</tr>
<tr>
<td>after school (2pm-6pm)</td>
<td>M T W Th F</td>
</tr>
<tr>
<td>evenings</td>
<td>M T W Th F</td>
</tr>
<tr>
<td>weekends</td>
<td>Sat Sun</td>
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Preferred Location

We will make every effort to partner you with a 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

IMPORTANT:

A few 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 and that I am able and willing to make the time commitment described above to Project ASTRO.

Signature _____________________________________   Date ___________________________