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 will take place on Saturday August 15 2009 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:

<table>
<thead>
<tr>
<th>Time</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>morning (8am-noon)</td>
<td>M T W Th F</td>
</tr>
<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>
</tr>
</tbody>
</table>

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.