

Project ASTRO Astronomer Application

Personal Information

NAME _____ HOME ADDRESS _____
HOME PHONE _(_____) _____ CITY _____ STATE _____
ZIP _____
EMPLOYER _____ WORK ADDRESS _____
WORK PHONE _(_____) _____ CITY _____ STATE _____
ZIP _____
CELL PHONE _(_____) _____ E-MAIL _____

Astronomer Background (Use back of form if necessary)

1. List any background experience in astronomy.
2. Do you have any experience working with schools, students, or the public?
3. How do you see yourself contributing to student learning and enjoyment of astronomy?
4. List any astronomy groups, organizations or affiliations.
5. How did you hear about Project ASTRO?
6. Do you have any preferred areas, districts, or schools where you would like to volunteer?
7. Grade levels you prefer to work with – K 1 2 3 4 5 6 7 8 HS or “It doesn’t matter”? Please circle all that apply.
8. How far can you travel to visit your teacher partner?

SIGNATURE _____

DATE _____