



Fax (415) 337-5205 or send to Project ASTRO™ Applications,  
ASP, 390 Ashton Ave., San Francisco, CA 94112

The 2012 Project ASTRO™ training workshop will take place  
July 27 - 28, 2012 (Friday and Saturday).

**Participating teachers and astronomers are required to attend.**

***Astronomer Application – please return by May 29, 2012***

**Personal Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Ethnicity (optional) \_\_\_\_\_

**Professional Information**

Employer \_\_\_\_\_  
Your position \_\_\_\_\_  
Full-time or part-time? \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Best way to contact you:  home email  work email  home phone  work phone  other

**Astronomer Background** ~ *Help us make a good match!*

Please briefly describe your educational background.

\_\_\_\_\_

Please briefly describe your background and your experiences in astronomy (if different).

\_\_\_\_\_

\_\_\_\_\_

**Experiences with Youth**

Describe experiences you have working with schools or explaining astronomy to students and/or the public. \_\_\_\_\_

\_\_\_\_\_

Please list any other experience you have working with children.

\_\_\_\_\_

What grade level(s) do you prefer to work with (circle all that apply) 3 4 5 6 7 8 9 no pref  
Would you be interested in working with a community-based organization (e.g. Boys' and Girls' Club) or after-school program?  yes  no

**Astronomer Interests and Affiliations**

Why are you interested in working with Project ASTRO™ ?

\_\_\_\_\_

Please list astronomy organizations you are affiliated with and how long you have been involved.

\_\_\_\_\_

How can any of the organizations mentioned above contribute to your participation in the project?  
(e.g. Will your club put on a star party at your partner school?)

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What topics or areas of astronomy are of particular interest to you?

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**Commitment**

We ask that astronomers make at least 4 visits to their partner school or community organization, plus one planning/observation visit. Most visits will be during the school day. Please indicate times/days you are 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 place you at a school that is convenient for you. Would you prefer to volunteer near to:

your home: list possible areas

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your work: list possible areas

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—

Either work or home

How far are you willing to travel?

\_\_\_\_\_ miles from work    \_\_\_\_\_ miles from home

How did you hear about Project ASTRO™? \_\_\_\_\_

**IMPORTANT: Some school districts require fingerprinting or a criminal background check for all non-parent volunteers. Are you willing to comply with your partner's school policy for screening volunteers?**  yes  no

**Is there any reason you would not pass a screen?**  yes  no

By signing this form, I certify that the above information is true and that I am able and willing to make the commitment of time and energy described above to Project ASTRO™.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you have any questions, call (415) 337-1100 x126, or e-mail bayareaastro@astrosociety.org.*