Visiting Astronomer Volunteer Form

Thank you for volunteering your time with Project ASTRO Appaloosa

GENERAL INFORMATION

Please return the application form before April 15, 2005, to Project ASTRO Appaloosa, c/o Dr. Michael Allen, Dept of Physics & Astronomy, Washington State University, Pullman, WA 99164-2814. For more information, see http://astro.wsu.edu/appaloosa/. You can contact us by fax: 509-335-7816, and e-mail, mlfa@wsu.edu or gworthey@wsu.edu. Project ASTRO is coordinated by the Astronomical Society of the Pacific, http://www.astrosociety.org. We are partnered with NASA’s Space Interferometry Mission (SIM), http://sim.jpl.nasa.gov, and the Palouse Discovery Science Center, http://www.palousescience.org.

The Project ASTRO Appaloosa astronomer selection will be based upon:

• Ability to attend a workshop on Aug 5-6, 2005 (Fri-Sat) at WSU Pullman
• Connection with astronomy (via, e.g., a club, department, planetarium, observatory, museum, library)
• Experience interacting with the public, especially school children
• The availability of an interested teacher in your area
• Ability to commit to at least four visits with a class

PERSONAL INFORMATION

Name ____________________________________________________________
Mailing Address __________________________________________________
Phone (home) ______________________________ (work) ______________________
E-mail (home) ______________________________ E-mail (work) ______________________
Employer _________________________________________________________
Position _________________________________________________________
# of years with this employer ___________________________ Full or part time? ______________________
What is the preferred way to contact you? _________________________________________________

YOUR RESPONSES BELOW HELP US MATCH YOU WITH A SUITABLE TEACHER

1. Briefly describe your background in astronomy, including formal activities (e.g., courses taken) and informal activities (e.g., participation with clubs, museums, public talks):

   _______________________________________________________________

   _______________________________________________________________

   _______________________________________________________________

2. Briefly describe your experiences working with the public and/or school children:

   _______________________________________________________________

   _______________________________________________________________

   _______________________________________________________________
3. What topics within astronomy are of special interest to you?

4. In what ways do you see yourself contributing to student learning and enjoyment of astronomy at a local school?

5. Is there a range of grades, within 2-12, that you prefer to work with?

6. We will place you in a school that is most convenient for you. Please check all that apply:
   - Near home (describe the area):
   - Near work (describe the area):
   - Other areas (describe):

7. We ask that volunteer astronomers make at least 4 visits to their assigned class, in addition to planning sessions with their teacher partners. Most visits will be during the day. Please describe when during the school year you are available, and what the best days/times are for meetings during the week.

8. Is there other information you wish to convey to the organizers of Project ASTRO?

By signing this form you are acknowledging that you are willing to make a commitment to the teaching and enjoyment of astronomy through the Project ASTRO Appaloosa program. You understand that you will be attending a training workshop for teachers and volunteers on the dates and locations listed above. You certify that all of the above information is accurate. Thank you for taking the time to fill out this form.

Signature and date: ________________________________