



Astronomer Volunteer Form

Thank you for volunteering your time to
Project ASTRO WCU.

For more information contact Dr. Karen Schwarz
kschwarz@wcupa.edu; (610) 436-2788

Project ASTRO WCU astronomer selection will be based on:

- Commitment to attend our two-day training workshop at West Chester University.
- Connection with an astronomy or science institution (astronomy club, department, planetarium, observatory, library, museum, etc.).
- Some experience working with schools or explaining astronomy to students or the public.
- The availability of an interested teacher in your area.

PERSONAL INFORMATION

Name _____ Employer _____
Address _____ Occupation _____
City _____ Zip _____ Phone _____
Email _____

ASTRONOMY DEPARTMENT OR AMATEUR ASTRONOMY CLUB INFORMATION

Department or Club _____ City _____
Position with Department or Club _____ Number of Years with this Department or Club _____

The information below will be used to match you with an appropriate teacher.

1. Briefly describe your background and experiences in astronomy. _____

2. Describe any experiences you have working with schools or explaining astronomy to students or the public.

3. Please list any astronomy organizations you are affiliated with (include clubs, departments, observatories, planetaria, museums, etc.). _____

Please return this form via e-mail to kschwarz@wcupa.edu or postal mail to Project ASTRO WCU, Dept. of Earth & Space Sciences, West Chester University, West Chester, PA 19383.

4. How could any organizations listed above contribute to your participation in the project? (e.g. Help with a star party at your partner school) _____

5. What topics or areas of astronomy are of special interest to you? _____

6. What is your favorite astronomy teaching activity? _____

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

8. What grades do you prefer to work with? (Grades 3-12)

Grades: _____

9. We will make every effort to place you in a school that is convenient to you. Please identify if you will prefer to work in a school that is near your home or your place of work or either. _____

10. Please indicate the mile radius from your preferred location that you are willing to travel (between 5 and 20 miles).

- Other specifications or limits: _____

10. We ask that astronomers make at least four visits to their teacher's classroom, plus planning sessions with their teacher. Most visits will be during the school day.

List which part(s) of the school year you are available: _____

List best days of the week and times that you are available for classroom visits and/or planning meetings.

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

Your Signature: _____ Date: _____

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