

Visiting Astronomer Volunteer Form



**Thank you for volunteering your time to
Project ASTRO NOVA.**

**Please return this Volunteer Form to:
Project ASTRO NOVA, Raritan Valley Community College,
P.O. Box 3300, Somerville NJ 08876.**

**For more information: Call 908-526-1200 x 8942
E-mail tmoody@raritanval.edu or check our web site at
www.raritanval.edu/njace
Fax 908-526-7938**

PROJECT ASTRO NOVA
IS PARTLY FUNDED BY
3M
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Project ASTRO NOVA astronomer selection will be based on:

- Commitment to attend our training workshops on (Date to be Determined) **at Raritan Valley Community College.**
- 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.

<p>PERSONAL INFORMATION</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ Zip _____</p> <p>Phone _____ - _____ Fax _____ - _____</p> <p>Email _____</p>	<p>EMPLOYMENT INFORMATION</p> <p>Employer _____</p> <p>Work Phone _____ - _____</p> <p>Your Position _____</p> <p>Number of Years with this Employer _____</p> <p>Are you working: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> self-employed</p>
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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.

- Briefly describe your background and experiences in astronomy. _____

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

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

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? (Circle all that apply)

Grades: 2 3 4 5 6 7 8 9 10 11 12 it doesn't matter

9. Would you be interested in working with a community-based organization (e.g. Boy/Girl Scouts, 4H Club)?

Yes No Explain _____

10. We will make every effort to place you in a school that is convenient to you. Would you prefer to volunteer nearer to:

Your home (list possible areas): _____

Your work (list possible areas): _____

Either home or work (list areas): _____

Other specifications or limits: _____

11. We ask that astronomers make at least four visits with their partner's group, plus planning sessions with their partner. 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 NOVA.

Your Signature: _____ Date: _____