

PROJECT LASER MSFC VOLUNTEER FORM

NAME:	HOME ADDRESS:
EMPLOYER:	
NASA MAIL CODE:	
WORK PHONE:	HOME PHONE:
SUPERVISOR'S NAME:	SUPERVISOR'S PHONE:
WORK ADDRESS (BLDG AND ROOM NUMBER):	CHECK BOX IF RETIRED <input type="checkbox"/>

CAREER INFORMATION

JOB TITLE:

AREA OF SPECIALTY:

BRIEFLY DESCRIBE YOUR CURRENT WORK ASSIGNMENTS:

TEACHING EXPERIENCE

HAVE YOU EVER TAUGHT IN A PUBLIC OR PRIVATE SCHOOL? YES NO

DO YOU HAVE OR HAVE YOU EVER HELD A TEACHING CERTIFICATE? YES NO

EDUCATIONAL ASSISTANCE INFORMATION

HOW MANY HOURS ARE YOU WILLING TO GIVE PER MONTH? _____

CHECK THE GRADE LEVEL(S) WITH WHICH YOU WOULD PREFER TO WORK:

K-2 3-5 6-8 9-12 ALL

CHECK THE AREA OF SUPPORT FOR WHICH YOU WISH TO VOLUNTEER:

PRESENTER TUTOR CONSULTANT/MENTOR

SCIENCE FAIR JUDGE TOUR ESCORT LASER ASSISTANT

IF YOU ARE VOLUNTEERING AS A PRESENTER, TUTOR, OR CONSULTANT, PLEASE INDICATE YOUR AREA(S) OF EXPERTISE BELOW.

CATEGORY	PRESENTER	TUTOR	CONSULTANT
AERODYNAMICS/FLIGHT -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AERONAUTICS/SPACE HISTORY-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASTRONOMY -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIOLOGY/LIFE SCIENCES -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSINESS/ADMINISTRATIVE -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMISTRY -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPUTERS/SOFTWARE -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRONICS -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENVIRONMENTAL SCIENCE -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATH -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICS -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROPULSION -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROBOTICS -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEATHER/CLIMATE -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAREER DEVELOPMENT -----	<input type="checkbox"/>		

If you are volunteering as a presenter, please list your specific presentation title or topic(s) below. Provide a description below or on a separate sheet of paper and attach to this form. Include the length of the presentation or demonstration, the grade level, and/or any materials or preparation help you may require. This information is especially important in order to match our presenters to the needs of classroom teachers.

I understand that employee participation in Project LASER has been approved by top MSFC management. I also understand that it is my responsibility to obtain the authorization of my supervisor each time I am required to participate in a Project LASER activity.

SIGNATURE:

DATE:

CHECK HERE IF YOU *DO NOT* WISH TO BE A PROJECT LASER VOLUNTEER. WE WILL NOT INCLUDE YOU IN THE VOLUNTEER DATABASE.

**Thank you for helping us update the Project LASER database.
Please fold this form and return to: Project LASER, CD60/Trista Guthrie**