



Palomar Observatory Docent Application

Contact Information

First name: _____ Last name: _____
 E-mail: _____ Phone: _____
 Street: _____
 City: _____ State: _____
 Zip: _____ Today's date: _____

Preferred method of contact: E-mail Phone U.S. Mail

Participation

Select or rank the activities in which you wish to participate:

Walking tours of the Observatory Solar observing for visitors As assigned
 Other: _____

Motivation

Please tell us more about about your motivations to join the Palomar Observatory Docent program:

1) Why do you wish to volunteer for the Observatory?

2) What special talent or skills would you bring as a volunteer?

3) How often would you be able to volunteer and which days of the week would you prefer?

