

Star Guide Application Form

Dark Skies, Inc.

Thank you for your willingness to give back to your community. The public operation of the Smokey Jack Observatory (SJO) can only be done with the support of volunteers like you. For safety reasons, Star Guides will be working in pairs. There will be two training sessions on telescope/observatory operations, and a third session on astronomy and Star Guide etiquette.

- *As many visitors will be minors, and to ensure the safety of everyone, we require your personal information.*
- *By filling-out and signing this application, you are giving your consent for Dark Skies, Inc. to preform a background check on you.*
- *Furthermore, you understand and agree to have your Name, Email Address and Phone Number on a private listing made available to the Dark Skies Board of Directors and fellow Star Guides for scheduling and in case of an emergency.*
- *All information is completely confidential.*
- *All applications and results shall stored in a secure location.*

Name: *(print)* _____

Phone Number: _____

Email Address: _____ @ _____

Physical Address: _____

Mailing Address: _____

(Leave blank if same as Physical Address)

Birthday: Month _____ Day _____ Year _____

***Required in order
to perform a
background check.***

Social Security #: _____ - _____ - _____

Drivers License: State: _____ #: _____

Emergency Contact info: Name: _____

Phone Number: _____

Signature: _____

Today's Date: _____

Do you have a preferred Star Guide partner? If so, whom:

How often do you wish to volunteer?

Monthly ___ Bi-Monthly___ Weekly___ Bi-Weekly ___

Preferred days of the week you wish to volunteer:

Mon___ Tue___ Wed___ Thu___ Fri___ Sat___ Sun___

If you have astronomical experience, please provide a short summary below.

*Mail form to: Kathleen Stones, P.O. Box 864, Westcliffe, CO, 81252
or fill-out, scan, and attach to email to: <kathlee458@yahoo.com>*