****

**Assessor Application**

To be added to the Approved Assessor list for the CAP Program, you must meet all the following eligibility requirements:

* professional training in one or more related fields, which may include:
  + conservation
  + zoology
  + botany or horticulture
  + architectural conservation/preservation
  + architecture
  + landscape architecture
  + engineering
* at least 5 years of experience in preservation, conservation, or collections care in one of the above fields (fellowships may count toward experience, but internships may not)
* experience conducting general conservation assessments (a broad study of museum policies, procedures, and conditions which relate to and affect collections care). A general conservation assessment is different from a condition assessment or building assessment in that it focuses on preventive conservation measures that can be undertaken to preserve the collection.

If you have questions about your eligibility, please contact CAP staff at cap@conservation-us.org.

**INSTRUCTIONS**

Complete the entire application to the best of your ability. At the end of the application, you will be asked to attach or upload your resume or curriculum vitae.

The Eligibility Confirmation and Assessor’s Statement at the end of the application will be used by FAIC to determine eligibility. Please read the statement thoroughly before signing. If you meet the eligibility requirements, you will be added to the Approved Assessor list, and the Assessor Information section of this form, along with your resume, will be supplied to participating institutions. When complete, email to [cap@conservation-us.org](mailto:cap@conservation-us.org).

ASSESSOR INFORMATION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | |
| Organization: |  | | | | | | | |
| Title: |  | | | | | | | |
| Address: |  | | | | | | | |
| City: |  | | | | State: |  | Zip Code: |  |
| Telephone: | (w) |  | (h) |  | | | | |
| E-mail: |  | | | | | | | |

**REFERENCES**

Please list up to three references from institutions for which you have performed general collections assessments. Institutions undergoing an assessment will be encouraged to contact these references while interviewing assessors.

|  |  |  |  |
| --- | --- | --- | --- |
| Institution Name: |  | | |
|  |  | | |
| Contact Person: |  | Phone Number: |  |
| City |  | State |  |
| Year of Assessment |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Institution Name: |  | | |
| Contact Person: |  | Phone Number: |  |
| City |  | State |  |
| Year of Assessment |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Institution Name: |  | | |
| Contact Person: |  | Phone Number: |  |
| City |  | State |  |
| Year of Assessment |  |  |  |

**TYPES OF INSTITUTIONS**

Indicate the type(s) of institutions you have experience assessing by checking those that apply.

Aquariums

Arboreta

Archaeological Sites

Archives/Libraries

Art Museums

Botanical Gardens

Children’s/Youth Museums

General Museums (museums with two or more significant disciplines, such as a museum of art and

history)

Historic Buildings/Sites

History Museums

Natural History/Anthropology Museums

Nature Centers

Planetariums

Science/Technology Centers

Sculpture Parks

Specialized Museums (limited to a single distinct subject, such as a maritime museum)

Tribal Museums

Zoological parks

Other (specify):

**AREAS OF COMPETENCY**

Indicate areas of competency in any of the following collection types by checking those that apply.

**For Conservators**

Archaeology/Paleontology

Arms and Armor/Weapons

Botany (live)

Botany (herbaria)

Ceramics & Glass

Digital (Born-Digital)

Emergency Planning and Response

Ethnography

Environmental Management

Furniture

Geology/Mineralogy

Glass Objects

Historic Objects

Industrial/agricultural equipment

Leather/ animal hides

Library/Archival Material

Metalwork/Metal Sculpture

Musical Instruments

Paintings (panel/canvas)

Photographic Materials

Plastic Objects

Preventive conservation

Science/Technology/Medicine

Sculpture

Stone objects

Taxidermy

Textiles & Costumes

Time-based and Film-based media

Transportation Vehicles

Tribal Collections

Works on Paper

Wet/Fluid-preserved Collections

Wood objects

Zoology(live)

Zoology(preserved)

Other (specify):

**For Architects/Engineers/**

**Architectural Conservators**

Adaptive reuse

Building systems

Landscape Architecture

Structural engineering

Structures housing living collections

Sustainability

Other (specify):

ELIGIBILITY CONFIRMATION AND ASSESSOR’S STATEMENT

**(For FAIC use)**

**Eligibility (*check all that apply*)**

* I have had professional training in one or more of the following areas:
  + conservation
  + zoology
  + botany or horticulture
  + architectural conservation/preservation
  + architecture
  + landscape architecture
  + engineering
* I have had at least five (5) years of experience in preservation, conservation, or collections care in one of the above fields.
* I have had experience conducting general preservation assessments (a broad study of museum policies, procedures, and conditions which relate to and affect collections care).

**Resume**

Please attach or uploaded a copy of your resume or CV that shows that you have met the eligibility requirements.

**Statement**

As an on-site assessor, I agree to fulfill my role in a complete, timely, and confidential manner. This responsibility includes:

* participating in the CAP program orientation
* participating in a pre-visit phone call with the institution, in coordination with other assessors, to gather background information about the museum prior to the visit
* conducting a thorough and informed on-site visit in coordination with another assessor
* preparing a complete report in coordination with the other assessor that addresses all pertinent aspects discovered during the assessment
* submitting the report(s) by the contractual deadline
* completing program evaluations
* performing a one-year follow-up call or videoconference with the museum

I agree to adhere to the applicable professional or legal code(s) of ethics governing my profession(s) and/or license(s).

Further, I agree that all aspects of the assessments I perform shall and will be held in the strictest confidence. I understand that failure to fulfill these responsibilities may impact FAIC’s payment of my professional service fees and/or render me ineligible for future participation as a CAP assessor.

**My signature below indicates my agreement the with above Assessor’s Statement.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  