

## **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:
  - o conservation
  - o zoology
  - o botany or horticulture
  - o architectural conservation/preservation
  - o architecture
  - o landscape architecture
  - o 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 <a href="mailto:cap@conservation-us.org">cap@conservation-us.org</a>.

### **ASSESSOR INFORMATION**

Nam							
e: Organizatio							
n:							
Titl							
e:							
Addre							
SS:							T
Cit				Stat		Zip Code:	
y: Telepho	(w)		(h	e:		Coue.	
ne:	( ( ( )		(''				
E-	1	1					
mail:							
performed ge assessment w assessors.	neral	ree references f l collections asso e encouraged to	essn	nents. Ins	stitutions und	ergoing a	n
Institution							
Name:							
Contact					Phone	!	
Person:					Number:		
City					State	:	
Year of							
Assessment							
	1						
Institution							
Name:							
Contact					Phone		
Person:					Number:		
City					State		
Year of							
Assessment							

Institution	
Name:	
Contact	Phone
Person:	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	For Architects/Engineers/
Botany (live)	<b>Architectural Conservators</b>
Botany (herbaria)	☐ Adaptive reuse
Ceramics & Glass	☐Building systems
Digital (Born-Digital)	Landscape Architecture
Emergency Planning and	Structural engineering
Response	Structures housing living
□Ethnography	collections
Environmental Management	☐Sustainability
Furniture	Other (specify):
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):	

# 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:
  - o conservation
  - o zoology
  - o botany or horticulture
  - o architectural conservation/preservation
  - o architecture
  - o landscape architecture
  - o 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:



