

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 (i.e., 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@culturalheritage.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.

If your application is accepted, the information in Part 1 will be supplied to participating institutions. Part 2 of the application will only be used by FAIC to determine eligibility. Please read the statement thoroughly before signing.

PART 1: ASSESSOR INFORMATION

Name:									
Organizatio n:									
Title:									
Address:									
City:						Stat e:		ZIP Code:	
Telephone:	(w)			(h)	'				
E-mail:									
REFERENCES	5								
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						<u>'</u>		,	

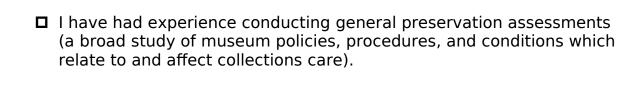
Institi Na	ution ame:				
	ntact rson:		Phone Number:		
	City:		State:		
Ye Assessn	ear of nent:	•			
TYPES O	F INSTITUTIONS				
	the type(s) of institutions for which ye tion assessments by checking those				
□ Air	and Space Museums		Maritime Museums		
□ Ant	thropology Museums		Military Museums		
□ Aqu	uariums		Natural History Museums		
□ Arb	ooreta		Nature Centers		
□ Arc	haeological Sites		Planetariums		
□ Arc	hives/Libraries		Science/Technology Centers		
□ Art	Museums		Sculpture Parks		
□ Bot	tanical Gardens		Specialized Museums (limited to a single distinct subject, such as a postal museum or		
□ Chi	ildren's/Youth Museums				
	neral Museums (museums h two or more significant		musical instrument museum) (Specify:		
dis	ciplines, such as a museum art and history)		Tribal Museums		
			Zoological Parks		
			Other (Specify:		
_)		
1 1					

AREAS OF COMPETENCY

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

For C	Conservators				
	Archaeology		Natural history collections		
	Arms and armor/weapons		Paintings (panel/canvas)		
	Basketry		Photographic materials		
	Botany (live)		Plastic objects		
	Botany (herbaria)		Preventive conservation		
	Ceramics & glass		Science/technology/medicine		
	Collections storage		Sculpture		
	Digital (born-digital)		Stone objects		
	Emergency planning and response		Textiles & costumes		
_	Ethnography		Time-based and film-based media		
	Environmental management		Transportation vehicles		
	Furniture		Tribal collections		
	Glass objects		Works on paper		
	Industrial/agricultural equipment		Wet/Fluid-preserved collections		
	Leather/ animal hides		Wood objects		
	Library/archival material		Zoology(live)		
	Metalwork/metal sculpture		Other (Specify:)		
	Musical instruments				
For Architects/Engineers/Architectural Conservators					
	Adaptive reuse		Building		
	Building envelope		systems/environmental control		

	Emer respo	gency planning and onse		Structures housing living collection		
	Histo	ric preservation		Sustainability		
	Land	scape architecture		Other (Specify:)		
	Space	e planning				
	Struc	tural engineering				
Fore	ign La	anguage Skills				
		oficient in any of the following lang ability to complete an assessment				
	□ American Sign Language					
	□ Spanish					
	□ Other (Specify:)					
Resu	me					
		ch or uploaded a copy of your resunder the cligibility requirements.	ım	e or CV that shows that you		
PA	RT 2:	ELIGIBILITY CONFIRMATION A	ND	ASSESSOR'S STATEMENT		
Eligil	bility	(Check all that apply.)				
	□ Ih	nave had professional training in o	ne	or more of the following areas:		
	0	conservation				
	0	zoology				
	0	botany or horticulture				
	0	architectural conservation/preser	vat	ion		
	0	architecture				
	0	landscape architecture				
	0	engineering				
		nave had at least five (5) years of enservation, or collections care in c				



Describe your experience conducting general conservation assessments (please limit your response to 500 words).
Describe your experience working with small and medium size museums (please limit your response to 500 words).

Assessor's Statement

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

- reading the CAP program handbook and abiding by program guidelines
- 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:
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