



Collections Assessment for Preservation

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:					
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 for which you have provided general conservation assessments by checking those that apply.

- | | |
|--|--|
| <input type="checkbox"/> Air and Space Museums | <input type="checkbox"/> Maritime Museums |
| <input type="checkbox"/> Anthropology Museums | <input type="checkbox"/> Military Museums |
| <input type="checkbox"/> Aquariums | <input type="checkbox"/> Natural History Museums |
| <input type="checkbox"/> Arboreta | <input type="checkbox"/> Nature Centers |
| <input type="checkbox"/> Archaeological Sites | <input type="checkbox"/> Planetariums |
| <input type="checkbox"/> Archives/Libraries | <input type="checkbox"/> Science/Technology Centers |
| <input type="checkbox"/> Art Museums | <input type="checkbox"/> Sculpture Parks |
| <input type="checkbox"/> Botanical Gardens | <input type="checkbox"/> Specialized Museums (limited to a single distinct subject, such as a postal museum or musical instrument museum) (Specify: _____) |
| <input type="checkbox"/> Children's/Youth Museums | <input type="checkbox"/> Tribal Museums |
| <input type="checkbox"/> General Museums (museums with two or more significant disciplines, such as a museum of art and history) | <input type="checkbox"/> Zoological Parks |
| <input type="checkbox"/> Historic Buildings/Sites | <input type="checkbox"/> Other (Specify: _____) |
| <input type="checkbox"/> History Museums | |
| <input type="checkbox"/> _____ | |

AREAS OF COMPETENCY

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

For Conservators

- | | |
|--|--|
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> Natural history collections |
| <input type="checkbox"/> Arms and armor/weapons | <input type="checkbox"/> Paintings (panel/canvas) |
| <input type="checkbox"/> Basketry | <input type="checkbox"/> Photographic materials |
| <input type="checkbox"/> Botany (live) | <input type="checkbox"/> Plastic objects |
| <input type="checkbox"/> Botany (herbaria) | <input type="checkbox"/> Preventive conservation |
| <input type="checkbox"/> Ceramics & glass | <input type="checkbox"/> Science/technology/medicine |
| <input type="checkbox"/> Collections storage | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Digital (born-digital) | <input type="checkbox"/> Stone objects |
| <input type="checkbox"/> Emergency planning and response | <input type="checkbox"/> Textiles & costumes |
| <input type="checkbox"/> Ethnography | <input type="checkbox"/> Time-based and film-based media |
| <input type="checkbox"/> Environmental management | <input type="checkbox"/> Transportation vehicles |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Tribal collections |
| <input type="checkbox"/> Glass objects | <input type="checkbox"/> Works on paper |
| <input type="checkbox"/> Industrial/agricultural equipment | <input type="checkbox"/> Wet/Fluid-preserved collections |
| <input type="checkbox"/> Leather/ animal hides | <input type="checkbox"/> Wood objects |
| <input type="checkbox"/> Library/archival material | <input type="checkbox"/> Zoology(live) |
| <input type="checkbox"/> Metalwork/metal sculpture | <input type="checkbox"/> Other (Specify: _____) |
| <input type="checkbox"/> Musical instruments | |

For Architects/Engineers/Architectural Conservators

- | | |
|--|---|
| <input type="checkbox"/> Adaptive reuse | <input type="checkbox"/> Building systems/environmental control |
| <input type="checkbox"/> Building envelope | |

- Emergency planning and response
- Historic preservation
- Landscape architecture
- Space planning
- Structural engineering
- Structures housing living collection
- Sustainability
- Other (Specify: _____)

Foreign Language Skills

Are you proficient in any of the following languages? (Proficiency is defined as having the ability to complete an assessment in the language.)

- American Sign Language
- Spanish
- Other (Specify: _____)

Resume

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

PART 2: ELIGIBILITY CONFIRMATION AND ASSESSOR'S STATEMENT

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).

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:
