

Technical Assistance Advisor Form

Please complete this form if you are interested in sharing your expertise as a technical advisor in our new Technical Assistance Program. Fax or mail the completed form to:

Virginia Association of Museums
 200 South Third Street
 Richmond, VA 23219
 Fax: 804-788-5826

Name: _____
 Title: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

I am willing to offer technical assistance in the following areas of expertise:

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Advocacy | | |
| <input type="checkbox"/> | Boards—Training, Development,
Meetings | <input type="checkbox"/> | Grantwriting |
| <input type="checkbox"/> | Collections Management | <input type="checkbox"/> | Human Resources—Staff
Supervision, Performance |
| <input type="checkbox"/> | Curatorial Issues | | Evaluations |
| <input type="checkbox"/> | Expansion/ Construction/
Renovation Management | <input type="checkbox"/> | Public Programming—special
events, adult programming |
| <input type="checkbox"/> | Exhibition Creation | <input type="checkbox"/> | Public Relations/ Working with
the Media |
| <input type="checkbox"/> | Facility Management | | School Programs |
| <input type="checkbox"/> | Financial Management | <input type="checkbox"/> | Starting a Museum |
| <input type="checkbox"/> | Fundraising—Capital Campaigns,
earned income | <input type="checkbox"/> | Other: _____ |

Signature and Acceptance of Terms

I understand that any services I am offering on this form will be listed in a Technical Assistance Directory available on the Virginia Association of Museums website, and to any member who calls and requests the information. VAM will serve as the facilitator to pair a member with a need to one of our advisors. As a technical advisor, I may accept or decline any requests I receive from VAM.

Signature _____

Date _____