

## **Peer Coaching Program** Application Form (submit application to address below)

Please complete this form if you are interested in receiving a free museum consultancy from one of FAM's Peer Coaches. Please complete this form only if you are a FAM member, as this program is a member benefit. (For information on membership, contact the FAM office.)

Name: _		
Title: _		
Organiza	ation:	
Address	:	
City:		Zip:
Phone:	Fax:	_ Email:
I am inte	erested in receiving technical assistance in the	e following area (choose one):
Adminis	tration, Operations and Governance	
	Board Training and Development Long Range Planning Expansion, Construction or Renovation Manager Facility Management Financial Management Human Resources—Staff Supervision or Perform Museum Operations (For those considering start	nance Evaluations
	ons, Exhibitions, or Programs Collections Management/ Curatorial Issues Exhibition Creation Public or School Program Development	
Marketir	ng and Development Grant Writing Fundraising Public Relations—Working with the Media Volunteer Programs and Issues	
In the s	pace provided, briefly state what you are looki	ng for in a consultancy:
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Signatu	reC	P.O. Box 10951  PateTallahassee, Florida 3230  p.850.222.6028 f.850.222.6112

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