

WISCONSIN HISTORICAL ARCHIVES MENTORING SERVICE
APPLICATION FOR ON-SITE ASSISTANCE
IN CARING FOR HISTORICAL COLLECTIONS

The Wisconsin Historical Records Advisory Board (WHRAB) and UW-Oshkosh invite applications for participation in the Wisconsin Archives Mentoring Service (WAMS). This program was modeled on WHRAB's successful 2000-2002 grant-funded project. WHRAB works in association with the Wisconsin Historical Society (WHS) to promote the preservation and use of records with historical value. The National Historical Publications and Records Commission (NHPRC) through WHS, WHRAB and the Forrest Polk Library of UW-Oshkosh are providing funding for this project in 2004.

WAMS will provide on-site assistance to qualifying Wisconsin repositories of historical records. Archivists who volunteer to provide this service will enjoy valuable community service opportunities as well as sharpening their professional skills. Archivist mentors will be selected and paired with repositories that may include public libraries, community museums, local historical societies as well as businesses and local governments. It is desirable that repositories pay travel and meal costs for mentors who make on-site visits as needed during the program. During these visits and through other communications, the mentoring pairs will collaborate to assess the condition of historical records at the repository, develop a simple plan for improving records care and use, and work together on implementing the plan.

To be considered for participation in WAMS:

Repositories must:

- Not currently employ archival staff who have had graduate level education.
- Demonstrate a commitment to caring for historical records.

Priority will be given to repositories that can demonstrate a commitment to full participation in the program.

A completed application will include two parts:

- A completed 6-page application, including one signature from the organization's authorized representative (such as the repository director, the board president, or an authorized official of local government) and one signature from the organization's participating staff member.
- Pertinent repository publications or other attachments that assist in answering application questions (please limit to five pages)

WAMS is always accepting applications for mentoring institutions. Qualifying institutions will be matched with a mentor when one becomes available.

Send the application materials to:

Wisconsin Archives Mentoring Service
Forrest Polk Library
800 Algoma Blvd.
Oshkosh WI 54901

Visit our website for additional information or to download application materials.

<http://www.uwosh.edu/archives/wams>

If you have additional questions about the project or need application assistance, please contact:

- Becky Fromfeld, WAMS coordinator at the Polk Library Archives at (920) 424-3252 or email at wams@uwosh.edu

Please fill out the following application as completely as possible. Attachments (up to five pages) are permitted.

I. APPLICANT

Date

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<p>Name of organization</p> <p>Organization's Website address:</p>
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<p>Address (<i>street, city, state, zip code</i>)</p>
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<p>Address where correspondence should be mailed (if different from above) (<i>street, city, state, zip code</i>)</p>
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<p>Telephone numbers (<i>include area code</i>)</p> <p style="text-align: center;"><i>Day</i> <i>Evening</i></p>
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<p>Participating staff member* (<i>name and title</i>)</p>

<p>Description of responsibilities</p>
<p>Telephone numbers (<i>include area code</i>)</p> <p style="text-align: center;"><i>Day</i> <i>Evening</i></p>
<p>E-mail address</p>

<p>Organization's Authorized Representative** (<i>name and title</i>)</p>
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<p>Description of responsibilities</p>
<p>Telephone numbers (<i>include area code</i>)</p> <p style="text-align: center;"><i>day</i> <i>evening</i> <i>FAX</i></p>
<p>E-mail address</p>

If your repository or collection is part of a larger institution, please identify that institution and state the relationship. Use the space provided below.

* Participating staff member refers to the primary staff participant in the project, volunteer or paid. This is the person who will work directly with the mentor.

** Organization's authorized representative can be the repository director, the board president, or an authorized official of local government.

II. HISTORICAL COLLECTIONS

1. Estimate the size of your repository's historical collections of both paper and other kinds of items. *(Include all that apply)*

Paper records: (describe as appropriate)

of _____ cubic feet **or**

of _____ linear feet **and/or**

_____ # letter size file drawers **and/or**

_____ # full size boxes (12"x10"x15") **and/or**

_____ # shelves (1' high x 1' deep x 3' long)

Other items:

Photographs _____ # prints _____ #negatives

Microfilm _____ # reels

Microfiche _____ # cards

Sound recordings _____ # tapes/reels/other format

Film _____ # videotapes/film reels/other format

Other (describe) _____

2. Describe the materials that make up your historical collections. *Examples include diaries, letters, business/organizational records, government records, black/white photos, maps, oral history recordings, television news film, city directories, newspapers, etc.*

3. Describe the focus and significance of your historical collections—what are the important subject areas in your collections and why are the collections important? *You may attach your statement on a separate sheet of paper, but no more than one page please.*

4. Does your repository have a collection policy for historical records?
If yes, please attach it to this application.

yes

no

OVER →

III. ARCHIVAL PROGRAM

1. Describe the origins, development, purpose, and goals of your institution's work with historical collections.

Please limit your response to one paragraph. Attach any pertinent publications.

2. How many hours per week are your collections currently open for public use?

- ___ 0-10 hours
- ___ 11-20 hours
- ___ 21-30 hours
- ___ More than 30 hours

3. Are your collections available for use only by appointment?

- yes no

If yes, please estimate the number of hours open for appointments and number of appointments per week in 2000.

- _____ # hours open
- _____ # appointments

4. Please indicate the types of users of your historical collections during the past year. (Estimate percentages to total 100%)

- _____ % Local history researchers
- _____ % Genealogists
- _____ % Scholarly researchers
- _____ % College/University undergraduates
- _____ % Property/legal researchers
- _____ % Other (please specify)

5. Where are your historical collections stored?

- _____ In repository's main building
- _____ At another institution's building
- _____ At an off-site location which is not publicly accessible
- _____ Other (please specify)

6. What types of finding aids are used to describe your historical collections?

- Card catalog(s)
- Other type of catalog(s)
- Indexes
- Registers
- Other (please specify)

7. Into which of the following categories does your repository's annual spending for historical records programs fall?

- \$0-\$1,000
- \$1,000-\$2,500
- \$2,500-\$5,000
- \$5,000-\$7,500
- \$7,500-\$10,000
- Over \$10,000

8. Identify your major sources of funding in 2000 for historical records and archival programs. (Estimate in terms of percentage of total income)

- % State govmt % Local govmt
- % Grants % Endowment/trusts
- % Fees/sales % Donations/gifts
- % Other (please specify)

9. Indicate the number of each staff type in your repository who work with historical collections, and the number of hours staff in each category work per week.

- # paid professional staff # of hours/week
- # paid non-professional staff # of hours/week
- # of volunteers # of hours/week
- TOTAL staff TOTAL hours/week

10. Please describe training for staff on historical records work during the past 3 years, if any. (Workshops, classes, on-site training, etc.)

11. Where does repository staff currently seek help for questions regarding the care and use of historical records? (Other repositories, local professionals, manuals, etc.)

IV. PROJECT COMMITMENT/INTEREST

Please provide a statement of interest in the project. What are your repository's primary needs and what expectations do you have if selected to participate in this project? *You may attach your statement on a separate sheet of paper, but it should not be more than one page in length.*

Is there any other information you would like to be considered regarding your repository's participation in this program?

If selected, your institution will be expected to commit fully to this project. Please check off one box in each of the following sections:

Mentor's Travel Expenses: Check *either* Box A *or* Box B

Box A We will be prepared to pay for mentor's travel and meal costs as needed (*See attached information*).

Box B We cannot pay mentor's travel expenses (please attach statement of explanation).

Note: This registration form is a public record and can be used for publicity purposes, or shared with other repositories and/or mentors.

Disclaimer: The Wisconsin Archives Mentoring Service matches mentors who are professional archivists with Wisconsin repositories of historical records. WAMS is not responsible for the advice given by the mentor nor the any aspect of the interaction between the mentor and the repository. Therefore, WAMS cannot be held liable for information given by a mentor and acted upon by a repository. If the mentor and repository negotiate a future arrangement for work done for a fee by the mentor, that arrangement is not within the purview of the Wisconsin Archives Mentoring Service.

Participating Staff Member (*volunteer or paid*)

Name (*please type or print*)

Title

Signature

Date

Organization's Authorized Representative (*director, board president, or authorized representative of local government*)

Name (*please type or print*)

Title

Signature

Date