

LIBRARY & COLLECTION ACCESS FORM



Name _____ Date _____

Address _____

Phone _____ Email Address _____

Institutional Affiliation _____

Requested Date(s) Of Access _____ Tour _____ Research _____

Purpose - please describe your project or goal:

Conditions of Access

1. No food or drink allowed in the library research area or collections storage.
2. Personal belongings, packs and cell phones will be checked in with staff and not allowed in collections storage.
3. Handling of objects or rare documents and books are by permission only and gloves may be required.
4. Researchers proposing to use materials for academic research or publication may be required to submit a detailed research proposal to the Preservation Committee, and/or develop a Research Agreement with the Tribe, at the discretion of the Director.
5. In collection areas, staff must accompany classes or groups at all times.
6. Children may come only when accompanied by an adult and when permission has been obtained in advance. Pets are not allowed.
7. Items in the reference library are for use on site. Items may not be removed or loaned without formal check out process.
8. Photographing and/ or photocopying of Stockbridge-Munsee owned collections are available and can be authorized by the Collections Specialist or Preservation Program Director.
9. The Stockbridge-Munsee Tribe requires a citation in any published work based upon or utilizing the results of research conducted in the Tribes collections.
10. Collections access may be restricted to persons who do not in good faith abide by the Code of Ethics found in the Tribe's Collection Policy.

Researchers Signature _____ Date _____

Museum Staff: _____ Date _____

() Approved () Denied

List of materials reviewed and requested copies made:

Supervised/Assisted by: _____ Fees, if any, charged: _____

Arvid E. Miller Memorial Library and Museum

VOLUNTEER OPPORTUNITIES

Check any and all areas of interest:

- Museum Gardens
- Museum Host (Docent)
- Care and Cataloging of Collections
- Special Events

Other Interests

Name

Date

Mailing Address

City State Zip

Email

Phone