



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH

Parent/Guardian Phone: _____ Parent/Guardian E-mail: _____

Participant Age: _____ Parent/Guardian Preferred Method of Contact: _____

For Parents/Guardians:

About this research: Your child is being invited to participate in a research study. Social scientists do research to answer questions and learn new information. This particular research is being conducted by Springtide Research Institute®. Springtide is a nonprofit organization that conducts applied social scientific research on the religious and spiritual lives of young people, ages 13 to 25.

Taking part is voluntary. Participation in this study is voluntary. You may choose not to allow your child to take part in the study or you may choose for your child to leave the study at any time. Participating in this study may not benefit your child directly, but it will help us learn how to better support the well-being of children in the future.

Why is this study being done? The purpose of this study is to understand how cultural and racial identities of young people shape their spiritual experiences.

How many children will take part? If you agree to allow your child to participate, your child will be one of up to 50 participants taking part in this study.

How will my child's information be protected? The information your child will share with us if they participate in this study will be kept completely confidential. We will not ask your child for any identifying information that could link their identity to your survey responses. While the investigator(s) will keep your child's information confidential, there are some risks of data breaches when sending information over the internet that are beyond the control of the investigator(s). We are not interested in any one individual's information, but rather, we are interested in information in the aggregate -- for example, seeing what percentage of children watch television on a daily basis.

What will happen during the study? If you agree to allow your child to be in the study, your child will be asked 10-15 interview questions about one topic: their experiences with the divine, sacred, or a higher power in their everyday lives. We will also ask a few demographic questions such as age, race, and gender in order to better understand how these factors shape their spiritual experiences. There is no cost for your child to participate. They will be compensated with a \$20 gift card for their participation. The interview will last no longer than 60 minutes.

The interview will be audio recorded. In order to maximize confidentiality, your child's name will not be used on the recording by the researcher, and your child will be assigned a pseudonym. The audio recording will be used to transcribe what was said during the interview. The transcription of the interview and other information collected will be stored in secured, password protected hard drives or in locked filing cabinets at the researcher's office.

Additionally, audio recordings will be erased three years after publication of research results. By signing this Form, you consent to the use of any or all of the quotes or information collected with your child during the interview as part of the study and any resulting research reports, in all formats. Research

reports from the study will be used in Springtide publications. These reports and publications will not include any information that could identify your child.

What are the risks? There are no anticipated risks of completing this survey. The risks of this study are not greater than those experienced by your child in regular daily life.

What if I have more questions? Please contact the study's Principal Investigator, Dr. Nabil Tueme, at nabil@springtidresearch.org. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Human Resources for Springtide Research Institute at 702 Terrace Heights, Winona, MN 55987, 507-457-7900. If you have questions regarding your rights as a research participant, you may contact the Sterling Institutional Review Board Regulatory Department at telephone number 1-888-636-1062 (toll free) or info@sterlingirb.com.

Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference.

Each of the undersigned represents that he or she is the parent or guardian of the study participant, who is years of age. As parent or guardian, each of the undersigned hereby approves of and consents and agrees to the terms in this Consent Form.

Child's Name:

First

Last

PARENTAL CONSENT FORM FOR CHILD PARTICIPANTS IN RESEARCH

Child's Contact if different than Parent(s):

Address

City, State, Zip

Phone

Parent's Address Information:

Address

City, State, Zip

*Parent or Guardian Signature**

Date

**The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity enforceability and admissibility.*