

Malone University Applied and Scientific Psychology Summer Camp 2016

CONSENT TO PARTICIPATE IN RESEARCH

(Please fill in all the blanks and return one copy with your signature on the second page;
keep one copy for your records)

1. **Participating student's full name (print):** _____ **Age:** _____

2. **If under age 18**, please complete guardian/parent information below and collect parent's signature on the second page of this form:

Parent or legal guardian's full name (print): _____

3. Purpose of research: As part of this summer camp, students will be asked to participate in various activities in order to improve their own understanding of psychology as a profession and as a science. These activities will include various questionnaires and exercises which help build self-understanding. Researchers in peer institutions of higher education will be using the collected information/data for the study of subtle social bias toward certain social groups.

4. Procedures: Because we are often unaware of our own social attitudes, scientists may prefer to use exercises and games that measure with millisecond precision the time it takes for participants to respond to certain stimulus presentation. For example, you may be asked to press one of two or more keys on a computer as soon as you see an image in the screen and decide whether that image is threatening or safe. Other exercises will be a variation of this example. You will also be asked to answer a few questions about your social attitudes and preferences.

5. **There are no known risks from these tasks;** the tasks and games have been used for a few years with many participants. As in most social psychological research, the activities can enhance your self-awareness. You will be receiving some feedback on your participation based on an algorithm. You may consciously agree or disagree with the feedback that you will receive. To help you process that information, we encourage you to browse the following webpages for productive self-regulation:

<http://www.apa.org/helpcenter/stress-teens.aspx>

http://www.fosteringresilience.com/what_is_stress.php

Parents, we recommend that you browse the following webpage:

[http://www.aacap.org/AACAP/Families and Youth/Facts for Families/FFF-Guide/Helping-Teenagers-With-Stress-066.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Helping-Teenagers-With-Stress-066.aspx)

6. Benefits: The information obtained through the various exercises will be analyzed and used for testing of research hypothesis that will ultimately contribute to the scientific knowledge base on people's social attitudes toward specific groups. In addition, you will receive your personalized feedback on your attitude toward others.

PLEASE PROVIDE THE REQUESTED INFORMATION AND SIGN ON THE SECOND PAGE; BE READY TO TURN IN ONE COPY OF THIS FORM WHEN YOU CHECK IN TO THE CAMP, OR MAIL IT IN ADVANCE TO: CONNIE BRANNON, ACADEMIC CAMPS DIRECTOR, MALONE UNIVERSITY RELATIONS, 2600 CLEVELAND AVE. NW- CANTON, OH 44709

7. Nonparticipation: You may refuse to participate in any of the activities even after signing this form; or, at any point in a given activity, you may change your mind about your participation. Doing so will have no negative consequence to you as a camper. Students that choose not to participate (or whose parent/guardian decline their participation) will be given an alternate activity (watching a video on social relationships), supervised by Student Mentors.
8. Confidentiality: By consenting to participate (or have your child participate) in these research activities you have given permission for Malone University researchers and researchers in peer institutions to keep, preserve, publish, use, or dispose of the results of this research. Everything you tell us and everything we learn from your participation in the camp exercises linked to research will be kept confidential and safely stored in an electronic database at the participating research institutions. The only exception would be in case anyone makes statements related to harming her/himself or others, in which case we would have to refer her/him to a social agency for proper assistance.

I HAVE BEEN INFORMED OF THE PURPOSE OF THESE CAMP ACTIVITIES LINKED TO RESEARCH. THE RESEARCH HAS BEEN EXPLAINED TO ME, AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED. I HAVE CAREFULLY READ OR LISTENED TO THE INFORMATION ON THIS CONSENT FORM AND HAVE RECEIVED A COPY. I UNDERSTAND THAT MY SIGNATURE BELOW INDICATES THAT I WISH TO PARTICIPATE (OR THAT I CONSENT TO HAVE MY UNDER-AGE CHILD PARTICIPATE) IN THE RESEARCH DESCRIBED ABOVE.

Date

Student camper (sign only if you are 18 or older)

If student camper is younger than 18 years, please provide parent's/guardian's signature below:

Parent or Legal Guardian's signature

Witness' signature (we will get this one)

If you have any questions related to the research, please call Dr. Eb de Oliveira at the Psychology Department of Malone University: (330) 471-8367

If you have any questions concerning the ethics of this research, please call Dr. Lauren Seifert at the Psychology Department of Malone University: (330) 471-8558

**THANK YOU SO MUCH FOR YOUR WILLINGNESS
TO PARTICIPATE IN THIS RESEARCH!**

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