

CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: Festivals: Culture in the Making

Introduction and Purpose

My name is Tanya Ruys. I am a graduate student at the Sonoma State University working with my faculty advisor, Professor Cathy Kroll, in the Department of English. I would like to invite you to take part in my research, which concerns the study of film festivals in Sonoma County. You were selected as a possible participant in this study because of your involvement and/or participation in local film festivals.

Procedures

If you agree to participate in my research, I will conduct an interview with you at a time and location of your choice. The interview will involve questions about your knowledge, experience and feelings about film festivals. It should last about 20 – 30 minutes. With your permission, I will make an audio, video or email recording of your interview. A typed script will be made and if you desire, may be made available to you for editing. The tape/video/email, an edited transcript and a copy of this consent form will be placed in Special Collections at the Sonoma State University Library and made available for the purposes of research, for instructional use, for scholarly publication, or for other related purposes.

Benefits

There is no direct benefit to you from taking part in this. This study is meant to benefit future researchers by providing a base of information from which they can draw. The information will be available to you as well as other members of the general public through the Sonoma State Library.

Risks/Discomforts

As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk. It is possible the subject matter may be embarrassing or difficult for you to speak about. Please be assured that you can stop at any time and/or refuse to answer any question that makes you uncomfortable.

Confidentiality

Your study data will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used unless you give explicit permission. To minimize the risks to confidentiality, we will store all data on a password-protected computer. When the research is completed, all original tapes, videos, emails and notes will be donated to Special Collections at the Sonoma State University Library.

Compensation

You will not be paid for taking part in this study.

Rights

Participation in research is completely voluntary. You are free to decline to take part in the project. You can decline to answer any questions and are free to stop taking part in the project at any time. Your decision whether or not to participate will not prejudice your future relations with Sonoma State University and the Council of Public Liberal Arts Colleges (COPLAC). If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

Questions

If you have any questions about this research, please feel free to contact me. I can be reached at irvinta@sonoma.edu, or you may email my faculty advisor at kroll@sonoma.edu.

If you have any questions about your rights or treatment as a research participant in this study, please contact the Sonoma State University's Institutional Board for Research Involving Human Subjects at (707) 664-2448, or e-mail irb@sonoma.edu.

CONSENT FORM

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE HAVING READ THE INFORMATION PROVIDED ABOVE.

You will be given a copy of this consent form to keep for your own records. A copy will also be placed in Special Collections at the Sonoma State University. The results of this research, including interview excerpts, will be published on the Council of Public Liberal Arts Colleges (COPLAC) website at <http://sonomafilm.festivals.coplacdigital.org>.

If you wish to participate in this study, please sign and date below.

Participant's Name (*please print*)

Participant's Signature

Date

I, _____, do hereby indicate my desire to edit the typed script of my interview before it is made available to the Sonoma State University Library.

I, _____, do not wish to edit the typed script of my interview before it is made available to the Sonoma State University Library.

Contact information for interviewee:

Name _____

Address _____

State _____ Zip _____ Email _____

If you agree to allow your name or other identifying information to be included in all final reports, publications, and/or presentations resulting from this research, please sign and date below.

Participant's Signature

Date