

Consent form
IRB USE ONLY
Study Number: 2016-07-0004
Approval Date: 08/02/2016
Expires: 08/27/2017

Waiver of Consent for Participation in Research

Title: Keep the Doors Open: Documenting the Story of Mount Pleasant Baptist Church

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. The person performing the research will answer any of your questions. Read the information below and ask any questions you might have before deciding whether or not to take part. If you decide to be involved in this study, this form will be used to record your consent.

Purpose of the Study

You have been asked to participate in a research study about the history of Mount Pleasant Baptist Church in New Kent County, Virginia. The purpose of this project is to conduct oral history recordings of those connected to Mount Pleasant Baptist either as a direct descendent or a recent community member as a way to establish its identity as a historic Black church in rural Virginia.

What will you be asked to do?

If you agree to participate in this study, you will be asked to participate in a one-on-one interview about you and your experiences as a member or descendant of Mount Pleasant Baptist Church. This study will take about 60 minutes of your time and will include approximately 10 study participants. With your permission, your participation will be audio- and/or videorecorded.

What are the risks involved in this study?

The potential risk to the participants is no greater than everyday life.

What are the possible benefits of this study?

The societal benefit to this oral history project is that New Kent County's 126-year-old Black historic church that was founded by free Black and former slaves is to document and create a better awareness of the contributions of the individuals that have a deep connection to Mount Pleasant Baptist Church.

Do you have to participate?

No, your participation is voluntary. You may decide not to participate at all or, if you start the study, you may withdraw at any time. Withdrawal or refusing to participate will not affect your relationship with The University of Texas at Austin (University) in anyway.

If you would like to participate, please contact:

Janice V. Williams, M.Ed. JVWilliams@austin.utexas.edu

You will receive a copy of this form.

Will there be any compensation?

You will not receive any type of payment participating in this study.

How will your privacy and confidentiality be protected if you participate in this research study?

This project is voluntary. You do not have to answer any questions that you do not wish to answer. You may stop your participation at any time during the interview. If you do not wish to be identified by name, I will assign you a number and you will not be asked specific questions about the identification of your parents or relatives. Your contact information such as address and telephone will not be disclosed to the public. If you choose not to participate it will not affect your relationship with The University of Texas at Austin nor will there be any penalty or loss of benefits to which you are already entitled.

If it becomes necessary for the Institutional Review Board to review the study records, information that can be linked to you will be protected to the extent permitted by law. Your research records will not be released without your consent unless required by law or a court order. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate it with you, or with your participation in any study.

If you choose to participate in this study, I ask for your permission to share with the public your Family Background information as it relates to the telling of the story of Mount Pleasant Baptist Church. Your family will have to give permission for their information to be made public. You also have the choice to participate in this study and not give permission for me to share your Family Background information to the public.

If you choose to participate in this study, you can decide whether to be audio- and/or videorecorded.

Deposit of materials

You agree to have a final edited transcript given to Texas ScholarWorks at The University of Texas at Austin Library and to be stored in its archives. Texas

ScholarWorks “was established to provide open, online access to the products of the University’s research and scholarship, to preserve these works for future generations, to promote new models of scholarly communication, and to help deepen community understanding of the value of higher education.” The final transcript will be available online for use by researchers, teachers, students, or other members of the public. Their results may not be published, duplicated or displayed without written permission of the Texas ScholarWorks. Note: If you don’t want to be identified, I will remove any identifying information.

If you have agreed to be audiorecorded and if you have agreed to be identified rather than anonymous then the original audiorecording will be stored at Texas ScholarWorks at The University of Texas at Austin Library. Texas ScholarWorks “was established to provide open, online access to the products of the University’s research and scholarship, to preserve these works for future generations, to promote new models of scholarly communication, and to help deepen community understanding of the value of higher education.” The audiorecording will be available online for use by researchers, teachers, students, or other members of the public. Their results may not be published, duplicated or displayed without written permission of the Texas ScholarWorks.

If you have agreed to be videorecorded and if you have agreed to be identified rather than anonymous then the original videorecording will be stored at Texas ScholarWorks at The University of Texas at Austin Library. Texas ScholarWorks “was established to provide open, online access to the products of the University’s research and scholarship, to preserve these works for future generations, to promote new models of scholarly communication, and to help deepen community understanding of the value of higher education.” The videorecording will be available online for use by researchers, teachers, students, or other members of the public. Their results may not be published, duplicated or displayed without written permission of the Texas ScholarWorks.

You agree to have digital copies of your photographs, newspaper articles, journals, etc. to be stored at Texas ScholarWorks at The University of Texas at Austin Library. Texas ScholarWorks “was established to provide open, online access to the products of the University’s research and scholarship, to preserve these works for future generations, to promote new models of scholarly communication, and to help deepen community understanding of the value of higher education.” The artifacts will be available online for use by researchers, teachers, students, or other members of the public. Their results may not be published, duplicated or displayed without written permission of the Texas ScholarWorks.

Whom to contact with questions about the study?

Prior, during or after your participation you can contact the researcher Janice V. Williams (JVWilliams@austin.utexas.edu) for any questions or if you feel that you have been harmed.

This study has been reviewed and approved by The University Institutional Review Board and the study number is **2016-07-0004**.

Whom to contact with questions concerning your rights as a research participant?

For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, the Institutional Review Board by phone at (512) 471-8871 or email at orsc@uts.cc.utexas.edu.

Participation

If you agree to participate, please complete and sign this form, then return it to the researcher.

Signature

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.

_____ I agree to be **[audio and/or video]** recorded.

_____ I do not want to be **[audio and/or video]** recorded.

_____ I agree to the public release of Family Background information.

_____ I do not agree to the public release of Family Background information.

Printed Name

Signature

Date

As a representative of this study, I have explained the purpose, procedures, benefits, and the risks involved in this research study.

Print Name of Person obtaining consent

Signature of Person obtaining consent

Date