



Visionmaker: Jamaica Bay Study Consent Form

Cornell University, in collaboration with the Wildlife Conservation Society, is conducting research to understand ideas and visions of resilience. Cornell professor Shorna Allred is asking you to participate in this research study. This form is designed to give you information about this study. It will describe this study and answer your questions. At the end you will be asked to sign a form that lets us know what parts of the research you are willing to participate in.

Project Title: Visionmaker: Jamaica Bay Study

Researcher: Dr. Shorna B. Allred
Natural Resources
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What the study is about: The purpose is to understand how participant ideas about resilience connect with their visions of resilience that they create using the on-line tool, Visionmaker. You must be a resident and/or work in the Jamaica Bay watershed and also be a K-12 educator, researcher, community board/civic association member, land manager, or employee in an environmental NGO.

What we will ask you to do: If you agree to be in this study, we will ask you to attend a workshop and create a vision using the tool Visionmaker: Jamaica Bay, and to complete an on-line survey before and after attending this workshop. The workshop will introduce you to the Visionmaker tool and will be asked to create your own vision. The goal of the workshop is to demonstrate how Visionmaker works, to review the available features that cover the elements that you would want to consider in a future neighborhood, watershed or community, and to use the tool to make visions for the future of your area. We would also like to audio record the workshop. We will ask you to complete a short survey on-line or by paper before the workshop, and then on-line immediately after the workshop.

Risks and benefits: We do not anticipate any risks to you participating in this study other than those encountered in day-to-day life.

You may benefit from this study by learning using the Visionmaker tool and by contributing to the discussion about

Compensation: You will not be compensated for your participation.

Your answers will be confidential. The records of this study will be kept private. In any sort of report we make public we will not include any information that will make it possible to identify you. Research records will be kept in password-protected folders; only the researchers will have access to the records.

Taking part is voluntary: Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with Cornell University. If you decide to take part, you are free to withdraw at any time.

If you have questions: The researchers conducting this study are Bryce DuBois, Prof. Shorna B. Allred, Prof. Katherine E. Bunting-Howarth, Eric Sanderson, Ph.D., and Mario Giapieri. If you have questions, please contact Bryce DuBois at bd333@cornell.edu or (413) 717-0220. You can reach Prof. Allred at srb237@cornell.edu or (607) 255-2149. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) at 607-255-5138 or access their website at <http://www.irb.cornell.edu>. You may also report your concerns or complaints anonymously through Ethicspoint (www.hotline.cornell.edu) or by calling toll free at 1-866-293-3077. Ethicspoint is an independent organization that serves as a liaison between the University and the person bringing the complaint so that anonymity can be ensured. You will be given a copy of this form to keep for your records.

Statement of Consent: I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature _____ Date _____

Your Name (printed) _____

Audio Recording

This workshop will be digitally recorded for transcription at a later date. The workshop audio recordings will be archived after transcription.

Please sign below if you are willing to be audio recorded during the workshop. You may still participate in this study if you are not willing to be audio recorded.

- ☐ I do not want to be audio recorded during the workshop.
☐ I am willing to be audio recorded during the workshop.

Signed: _____

Date: _____

This consent form will be kept by the researcher for at least three years beyond the end of the study.