



Introduction and Consent to Participate

As part of a University of Washington study funded by the National Science Foundation, COASST is trying to understand why and how people get involved with COASST, what kinds of things help keep people involved over time, and what people associated with COASST know and think. To do this, we are inviting you to participate in a series of surveys. These surveys will be conducted via paper forms or electronically via a secure website. We will be collecting data from now until the research project ends in December 2017. Participation in the survey project is voluntary, and you may stop participating at any time without any penalty. Your involvement and responses do not influence your continued participation in the COASST program. **Please know that you are not receiving a grade!** For any question, if you don't know the answer, that's fine! Don't guess—just mark "don't know."

Because we are interested both in what is common for all our participants and what is unique to individuals, we plan to link your responses directly to the participant information in the COASST volunteer form you filled out during training. This means that your participation is not anonymous, but we will not be sharing any identifiable information about you when we present findings from the study, unless we ask and receive your written consent. Breach of confidentiality is a risk to being in the study, if it happened that you did not give permission for us to quote you by name and your responses were accidentally released with your name attached.

This is a collaborative study—the information you provide in these surveys will be analyzed by staff in the COASST office at the University of Washington, by Dr. Shawn Rowe from Oregon State University, and by our independent evaluator Dr. Cynthia Char of Char Associates. Confidentiality is important to us. Research staff will not release any identifying information about you that you provide in this study, on the COASST volunteer form, or as a consequence of gathering COASST data, without your consent.

We do intend to use the information you provide to create overall program responses in chart form (like pie charts) for publication in the scientific and education literature. No individual responses will be identifiable, as we will be creating averages and cumulative responses across spatial categories (i.e., COASST geographic regions), time categories (i.e., number of years participating in the COASST program), or demographic categories (i.e., participants over the age of 60). Results will be used to help COASST staff make improvements to the program, which will ultimately benefit participants. Other benefits (i.e., monetary) will not be provided.

In the event that we would like to use a particular written quote you have provided in the survey for any presentation, publication or report, we will remove anything that could identify individuals (for instance, your name, your beach name, your town, etc). No identifiable quotes will be published without your written consent.

The purpose of this form is to provide the information you need to decide whether to participate. Please feel free to ask any questions about the purpose of the research, the surveys, the possible risks or benefits, your rights as a participant, or anything else that remains unclear before signing this form.

Should you have any additional questions about the study, please contact Dr. Shawn Rowe at 541-867-0190 or shawn.rowe@oregonstate.edu. If you have any issues or concerns after your participation, please contact Julia Parrish at 206-221-5787 or jparrish@uw.edu. If you have any questions regarding your rights, please contact the University of Washington Human Subjects Division at 206-543-0098.

Checking the boxes below indicate that you have read all of the information above, and that you consent to participate.

- ☐ I allow COASST, Dr. Shawn Rowe and Char Associates to use my survey answers as described above. I reserve the right to decide whether any of my answers can be used as individual quotes identified with my name.
- ☐ I allow COASST, Dr. Shawn Rowe and Char Associates to use the information I provided on my volunteer form, with the exception of any contact information, for research, instructional or presentation purposes.

Signing below indicates that you have read all of the information above, and that you consent to participate.

Participant:

Printed name

Signature

Date

Researcher:

Printed name

Signature

Date