Appendix A. Informed Consent Form

I agree to participate in a study entitled "Video Oral History Composition: A Class Project" which is being conducted by Dr. William I. Wolff of the Writing Arts Department, Rowan University, and his students in Writing, Research, Technology, Spring 2009.

The purpose of this study is to compose video oral histories of individuals whose voices on important social issues might never have been recorded and preserved. A second goal is to provide students with the opportunity to develop professional and ethical oral history research skills.

I understand that I will be asked a series of questions and that the interview will be recorded on a video camera. I understand that the final product of this project, an 8 – 10 minute video, is being completed as part of the requirements of a class. I understand that one of the requirements is for the video to be uploaded to the video-sharing site, YouTube. I understand that the purpose of uploading the final video oral history to YouTube is to allow part of my history to become a part of the fabric of society.

I also understand that have the right to ask the researcher to remove my oral history content from the video as it resides on YouTube at any time, and that such a request will not impact the researcher's grade in any way. My request is indicated by signing and dating here:
_____ on _____.

I understand that there are no physical or psychological risks involved in this study, and that I am free to withdraw my participation at any time without penalty.

I understand that my participation does not imply employment with the state of New Jersey, Rowan University, the principal investigator, or any other project facilitator.

I understand that if I am elderly and/or do not fully understand the contents of this Consent Form a witness of my choosing must sign the Consent Form, as well. I also understand that I can request that the witness stay in the room for the duration of the interview. That signature will be evidence that I have given informed consent to participate in the study.

If I have any questions or problems concerning my participation in this study, I may contact Dr. William I. Wolff at (856) 256-5221.

_____ _____ _____
(Signature of Participant) (Date) (Age)

_____ _____ _____ _____
(Signature of Witness) (Date) (Age) (Relationship to Participant)

_____ _____
(Signature of Investigator) (Date)