**Young Women Leaders Program!**

**Application Packet for 2018-2019**

**Applications Due September 6th**

Dear Young Leaders and Families,

From all of the staff at Ohio University’s Women’s Center, I want to thank you for considering applying to be part of the Young Women Leaders Program. Edith “Winx” Lawrence, Ph.D., and Kimberly Roberts, Ph.D., founded this research-based program in 1997 at the University of Virginia. The program has since been expanded to other universities around the country and world. Ohio University happily joined as a sister site in the Spring of 2015.

We invite you to look through these application materials and to ask any questions about the program. You can contact myself at Ohio University, or reach out to the Guidance Counselor, Dr. Rittenhouse, for more information.

The program is a year-long commitment and will include weekly Wednesday meetings from 3:05-5:05PM at the Athens Middle School when both Ohio University and Athens Middle School are in session. Additionally, young leaders are expected to spend up to an additional four hours a month with their mentor for one-on-one mentoring in a public location like a café, university program, or at the farmer’s market.

In order for your application to be considered complete, you need to complete the contact, health, and emergency information, the permission and commitment form, as well as the application section.

Because of the limited number of applicants that we can accept, we ask that you submit your application as soon as possible; the program will begin on September 19th. Acceptance to the program is based on completion of the application, a commitment to attending the weekly meetings, and whether we have a mentor that will meet your young leader’s needs.

During the Fall semester, we focus on leadership skills such as appreciating others, helping and being helped, honoring differences, as well as self-esteem by developing media literacy and talking about body positivity. During the Spring semester, we discuss leading amongst our peers and within on our communities, as well as healthy romantic relationships.

Kind Regards,

M. Geneva Murray, PhD

murraym2@ohio.edu

740-593-9625

#### Contact, Health, and Emergency Information

(To be filled out by Parent/Guardian)

YWLP Student Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share with us any health or medical information about which your daughter’s facilitator and mentor should know.

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If your daughter is taking any medications that we need to be aware of please list them:

If your daughter has any food allergies please list them:

In case of an emergency who would you like us to call?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, and I or the emergency contact person cannot be reached, I give permission for the YWLP staff to take my daughter to the nearest hospital and for hospital doctors to treat my daughter. \*Please note that we would only provide transportation if there was a medical emergency.

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_

In non-emergency situations, I would like to be contacted for ongoing updates about the program and topics discussed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If by phone, what is your preferred time and day to be contacted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If by email, please add [murraym2@ohio.edu](mailto:murraym2@ohio.edu) (the Director of the Women’s Center’s email address) to your address book to avoid emails going to spam.

## Permission FOR Participation in YWLP Parent/Guardian

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**PARENT/GUARDIAN:** Please initial the four spaces below and then sign.

1. **Program:** This is to certify that my daughter has my permission to participate in the Young Women Leaders Program (YWLP) for the 2017-2018 school year. I understand that she will need to commit to a **two-hour** group meeting each week, **four hours** each month with her mentor, and **occasional** group outings.

Please initial here: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Photos & Videos:** Photographs and videos may be taken of YWLP participants. I give my permission to YWLP to use these photos in their promotional and educational materials (e.g. brochures, website, slide show).

Please initial here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

## COMMITMENT OF SUPPORT FOR Participation in YWLP Parent/Guardian

**PARENT/GUARDIAN:** Please initial the two spaces below and then sign.

1. I understand that space is limited in YWLP and more girls than can be served want to be in the program. I agree to support my daughter attending the mentoring meeting each week from September through April. If my daughter has a concern about the meetings or the program, I agree to talk with her mentor or YWLP staff.

Please initial here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. YWLP is a leadership program for middle school girls. I understand that if my daughter is not able to follow the YWLP rules of being respectful and maintaining group and personal safety, she may be asked to leave the program. I understand that YWLP will discuss this with me before taking any action.

Please initial here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

## Permission FOR Participation in YWLP Student Participant

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**STUDENT PARTICIPANT:** Please initial the three spaces below and then sign.

1. **Program:** This is to certify that I will participate in the Young Women Leaders Program (YWLP) for the 2017-2018 school year. I understand that I will need to commit to a **two-hour** group meeting each week, **four hours** each month with my Big Sister, and **occasional** group outings.

Please initial here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Photos and Videos:** Photographs and videos may be taken of me while I am participating in YWLP. I give permission to YWLP to use these photos in their promotional and educational materials.

Please initial here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of student participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

## COMMITMENT FOR Participation in YWLP Student Participant

**STUDENT PARTICIPANT:** Please initial the two spaces below and then sign.

1. I understand that space is limited in YWLP and more girls than can be served want to be in the program. I agree to attend the mentoring meeting each week from September to April.

Please initial here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. YWLP is a leadership program for middle school girls. I understand that if I am unable to follow the YWLP rules of being respectful and maintaining group and personal safety, I may be asked to leave the program. I understand that YWLP will discuss this with me and my parent/guardian before taking any action.

Please initial here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Application (to be filled out by the Young Leader)**

**A. Fill in the following**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name you prefer (nickname): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Free Response (Feel free to use a separate sheet of paper)**

Why would you like to be a part of the Young Women Leaders Program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you imagine is something you might learn from your Mentor?

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Do you have other after school activities? If so, would it interfere with your attendance at Young Women Leaders Program weekly meetings?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Interest Form**

Please rate the following statements from 1-5, 1 being strongly disagree and 5 being strongly agree.

I enjoy my class work. 1 2 3 4 5

I feel that I fit in at school. 1 2 3 4 5

I care deeply about being liked by others. 1 2 3 4 5

I find it difficult to make new friends. 1 2 3 4 5

It’s important that my mentor is the SAME race as me. 1 2 3 4 5

I enjoy being outdoors 1 2 3 4 5

I prefer to stay in and read a great book. 1 2 3 4 5

I have been bullied by my fellow classmates. 1 2 3 4 5

**Please answer the following questions in the space provided:**

1. What is your dream career? What do you imagine are the steps to get there?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your academic strength? What is your academic weakness?

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1. What are your interests outside of school?

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**Application (to be filled out by the parent/guardian)**

1) What would you like to see your young leader gain by participating in the Young Women Leaders Program?

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2) Is there anything you would like us to know about your young leader, or your family?

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3) Would you be interested in attending a workshop or speaker about empowering young women and girls? If so, what topics would you like covered?

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4) If your young leader is accepted into the program, we will invite you to their graduation from the Young Women Leaders on April 24th. In order for you to attend, would you prefer the graduation be during the 3:05-5:05 session, or after 5PM?

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Dear Parents of Young Leaders,

Thank you for working with your young leader to apply to the Young Women Leaders Program. We are excited to work with them on issues of confidence, anti-bullying, healthy relationships and body image, and understanding media representation of women. If you would like to discuss any of our weekly topics, I am more than happy to answer any questions. We accept participants based on our ability to match them with appropriate mentors.

We've entered into an exciting relationship with our OU Medical School, who have helped us to think about including some photography and arts practices to help understand how our Young Leaders think about healthy relationships and girlhood. We will be asking the Young Leaders to take photographs of items, objects, lighting, rooms, outdoor spaces, etc., that can tell us how they think about these issues.

If accepted into the program, your young leader would have an opportunity to participate in research with us to assess if our program is helping them think positively about girlhood or to understand healthy relationships better. As part of the research, we would talk with them about what the photographs they took mean to them. We would audio record them as part of that process. If you do not want your young leader to participate, they can still actively be part of the Young Women Leaders Program and can still participate in all activities, but will be excluded from the data analysis. If you have any questions about this, I’d be more than happy to speak with you.

Please carefully review the following consent form, and, if you are willing for your young leader to participate, sign and return with this application packet. Your young leader can still participate in the Young Women Leaders Program whether or not they agree to participate in the research.

If you have any questions about this, or anything else about our program, please contact me.

Kind Regards,

Dr. Murray

**Ohio University Child Assent Form**

**Title of Research:** A Participatory PhotoVoice Study Exploring Girlhood

**Researchers:** Sharon Casapulla, Ph. D (PI), Geneva Murray, Ph. D, Destiny Jamison, OMS IV, Tiffany Stainfield, OMS IV.

You are being asked for your assent, or permission, to participate in a research study. Before you decide to participate, you need to know what the project is about. Additionally, this paper also tells you about how your information will be protected by the research team.

# Explanation of Study

The Young Women’s Leadership Program (YWLP) is a year-long program run by the Ohio University Women’s Center. As part of the YWLP program, you will participate in the PHOTOVOICE Project and explore what "girlhood" means through photos you take during your free time. We will teach you how the media portrays girls and women and then give you a camera to express your ideas of girlhood through your own eyes. We will work as a group to find similarities and differences in how all the participants perceive their world. These group discussions will be voice recorded.

For the PHOTOVOICE Project, you will be asked to use the camera to take photos of things in your environment, places you go, or even people in your life (with proper informed consent). The photos will be developed and then discussed by you and other people in YWLP.

**In order for us to learn more about what it is like to be your age in Appalachia and how you express “being a girl,” we would like to transcribe, or “write out” your voice recording for research. You have to choose if you allow us to “write out” your voice recordings to use for research. All the names used in the discussion will be taken out to protect your identity.**

**Confidentiality**

Only the researchers will be listening to the recordings, and the recordings will be kept on a computer with a password at OU in Dr. Casapulla’s office. Your name and information will be kept confidential, which means the things you say will not be connected to you and no one will be able to tell who said what during the discussions. **The only time we can tell someone what you said is if you are going to hurt yourself, if you are going to hurt someone else, or if someone is hurting you.**

I (participant’s first and last name) agree that:

* I will be participating in a research study by getting voice recorded during the discussions at the PHOTOVOICE Project meetings.
* I give permission for my voice recording to be transcribed for research.
* I understand my parent(s) and/or guardian(s) were asked if it was OK for me to be in this study.
* I know that I can ask any question about the study at any time.
* I also understand that I can stop being part of the study at any time without getting into any trouble or having any negative consequences.

Child’s Signature Version: 10/2/2017

**Ohio University Parental Consent**

**Title of Research:** A Participatory PhotoVoice Study Exploring Girlhood

**Researchers:** Sharon Casapulla, Ph. D (PI), Geneva Murray, Ph. D, Destiny Jamison, OMS IV, Tiffany Stainfield, OMS IV.

You are being asked permission for your child to participate in research. For you to be able to decide whether you want your child to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your child’s personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign it. This will allow your child’s participation in this study. You should receive a copy of this document to take with you.

# Explanation of Study

The Young Women’s Leadership Program (YWLP) is a year-long program run by the Ohio University Women’s Center. As part of the YWLP program, your child will participate in the PHOTOVOICE Project and explore what "girlhood" means through photography. We will teach participants how the media portrays girls and women and then give each participant a camera to express girlhood through their own eyes. We will work as a group to find similarities and differences in how all the participants perceive their world.

For the PHOTOVOICE Project, your child will be asked to use the camera to take photos of things in their environment, places they go, or even people in their life (with proper informed consent). The photos will be developed and then discussed by the participants as part of the YWLP curriculum. These sessions will be voice recorded.

As part of an evaluation of the YWLP PHOTOVOICE project, the researchers will transcribe the voice recordings of the group discussions your child has about their photos. The recordings will be of the entire group. **While your child is going to be voice recorded during the PHOTOVOICE Project as part of YWLP, you must give your informed consent for your child’s voice recording to be transcribed and used for research. If you do not consent, you child will still be voice recorded, but their responses will be redacted (removed) from the transcript and not used for research purposes.** The research and evaluation of the voice recordings is being done to assess the experience of adolescences in Appalachia exploring girlhood.

Your child’s data from the study will be used for one (1) year, September 2017 to September 2018, and then will be destroyed.

## Risks and Discomforts

No risks or discomforts are anticipated.

## Benefits

This study is important to the scientific community and to society in general because it will allow for an increased understanding of how adolescents perceive the influence of culture on their experience of being a girl.

Your child may not benefit personally by participating in this study.

## Confidentiality and Records

Your child’s study information will be kept confidential by storing the information collected from and about your child, including their voice recordings on a password protected, Ohio University issued desktop computer that is locked in the office of the Primary Investigator. Only members of the research team will have access to the audio files. The voice recordings of the whole group will be transcribed. **If a participant’s name is used in conversation, the name will be removed from the transcript for the sake of confidentiality.**

Additionally, while every effort will be made to keep your child’s study-related information confidential, there may be circumstances where this information must be shared with:

\* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;

\* Representatives of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU.

**Compensation**

No compensation will be provided to your child for this research project.

## Contact Information

If you have any questions regarding this study, please contact the Primary Investigator, **Sharon Casapulla, Ph. D.,** Ohio University Heritage College of Osteopathic Medicine**,** (740)593-2257 or casapull@ohio.edu.

If you have any questions regarding your child’s rights as a research participant, please contact **Dr. Chris Hayhow**, Director of Research Compliance, Ohio University, (740)593-0664 or hayhow@ohio.edu.

By signing below, you are agreeing that:

* you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered;
* you have been informed of potential risks to your child and they have been explained to your satisfaction;
* you understand Ohio University has no funds set aside for any injuries your child might receive as a result of participating in this study;
* you are 18 years of age or older;
* your child’s participation in this research is completely voluntary;
* your child may leave the study at any time; if your child decides to stop participating in the study, there will be no penalty to your child and they will not lose any benefits to which they are otherwise entitled.

Parent Signature Date

Printed Name

Child’s Name

Version: 10/2/2017