### **Note:** Words in < > should be customized to the purpose of the focus group

**Project Title:** <Focus Group>

**Project Lead:** <Kim Fath>

**Purpose of the Project**

You are being asked to take part in a focus group to understand your perceptions of <session topic>. These focus groups are part of a <broad review of the Elon Volunteers program>. The results will be used to inform the review and future planning for <Elon Volunteers at Elon University>.

**Procedures**

We are asking you to take part in a discussion of your perceptions about the program. The focus of these discussions is on your perceptions of <what>. This discussion will last approximately one hour. We will record the session for the purpose of data verification only.

**Voluntary Participation**

Your participation in this focus group is voluntary and you may end your participation at any time. You may choose not to answer any questions or leave the group at any time for any reason. There are no consequences for either choosing to participate or withdraw.

**Risks**

We do not anticipate any risks from your participation in this project.

**Benefits**

There are no direct benefits to participants in this project.

**Confidentiality**

The confidentiality of participants will be maintained to the extent permitted by law. <The audio recording of this discussion will be stored in a secure location and will not be accessible to members of the Elon College Fellows program>. Any information included in written or oral reports will exclude information that could be used to identify a group participant.

Finally, we ask that you agree to maintain the confidentiality of other participants in the group and not share what you hear with anyone outside this room.

**Questions About the Project**

Please feel free to ask any questions that you may have. If you have questions later you may contact Dr. Kimberly Fath at (336) 278-5420. If you have concerns or questions about your rights you may contact the Office of Institutional Research and Assessment and speak with Dr. Rob Springer at (336) 278-6644.

**Consent**

Your signature on this form indicates that you have decided to participate voluntarily in this project and that you have read and understood the information provided above.

I am at least 18 years old and voluntarily consent to take part in this focus group. I have received a copy of this form.

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Print Name Date

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Signature