

Request for Research Involving Crisis Connections Volunteers

The purpose of the **Crisis Connections Research Review Committee** is to review a proposed research project to determine whether participants in the study will be placed at physical or mental risk and, if risk is involved, to certify that the following conditions have been met: (a) risks to participants are minimized; (b) participants in the study (and their guardians) are fully aware of the risks and that individuals may withdraw from the study at any time without any form of penalty; (c) rights and welfare of any such participant are adequately protected, including following staff and volunteer confidentiality requests; (d) informed consent is obtained.

Researcher name: _____

Phone number: _____ Email address: _____

Address: _____

Institution requesting research (if applicable): _____

Name of contact person at institution: _____

Please indicate the kind of research you are proposing to do:

Exempt - using archived data and research projects for which there is no human participant interaction.

Expedited - research involving no more than moderate risk to human participants. Any research in which human participant interaction is anticipated falls into this category; research on sensitive topics and vulnerable populations, such as minors, must qualify for exempt review.

This research must assure that (a) risks to participants for participating in the research are reasonable; (b) participant selection must be fair and impartial; (c) informed consent is sought and documented; (d) the plan to collect and monitor data assures participant safety; (e) procedures provide for the privacy of participants and for maintenance and disposal of confidential data; and (f) where necessary, additional safeguards are included to protect vulnerable participants, such as minors. We will discuss these with you and may ask for details in writing.

Full - research entailing sensitive or risky research topics or methodologies. You must attach documentation containing extensive details describing procedures designed to protect vulnerable participants.

Please attach a brief description of the purpose of the research, the methodology you will use to obtain data, your subject selection process, and any questionnaires, interview questions, or surveys you will be using in your research process. You also agree to obtain signatures via the below consent form for each individual involved in your research and to provide a copy to each participant. Thank you!

Please submit this application by email to Kieran Laliberté, Volunteer Services
Manager, klaliberte@crisisconnections.org



Individual Agreement to Participate in External Research

Researcher: _____

Title of Project: _____

You have been asked to participate in the research study that aims at

You will be asked to **DATA-GATHERING METHOD**. Doing so involves no risk to you.

Although the results of this project will be shared with individuals outside of Crisis Connections, no information that could identify you will be included.

Questions and complaints about this project can be addressed to **NAME, CONTACT INFO**.

You agree that your consent is being given voluntarily. You may refuse to participate in this project. If you decide to participate, you understand that you are free to withdraw at any time without any negative effect on your relations with Crisis Connections.

You agree to receive a copy of this letter for your records.

Your signature: _____ Date: _____

Thank you for participating in this project!



Guardian Agreement for Child to Participate in External Research

Researcher: _____

Title of Project: _____

Your child **NAME** has been asked to participate in a research study conducted by **NAME OF INSTITUTION** that aims at _____

Your child will be asked to **DATA-GATHERING METHOD**. Doing so involves no risk to your child.

Although the results of this project will be shared with individuals outside of Crisis Connections, no information that could identify your child will be included.

Questions and complaints about this project can be addressed to **NAME, CONTACT INFO**.

You agree that your consent is being given voluntarily. You understand that your child may refuse to participate in this project. If you agree to have your child participate, you understand that your child is free to withdraw at any time without any negative effect on your child's relations with Crisis Connections.

You agree to receive a copy of this letter for your records.

Your signature: _____ Date: _____

Thank you for participating in this project!