

AGREEMENT TO PARTICIPATE
THE GLOBAL MORMON AND RESTORATION COVID-19 STORIES PROJECT

This project is being conducted by the Global Mormon Studies coalition with the Center for Global Mormon Studies at Claremont Graduate University (CGU), which includes a team of facilitators: Dr. Melissa Inouye, Dr. Farina King, Dr. Spencer Greenhalgh, Dr. Matthew Bowman, Dr. Caroline Kline, and Heather Burrow. Scholars and volunteers around the world will help to gather stories and manage data for public access. The purpose of this project is to document the religious experiences and perspectives of adult individuals claiming connections to The Church of Jesus Christ of Latter-day Saints or other Restoration tradition during the COVID-19 pandemic. “Restoration tradition” refers to The Church of Jesus Christ of Latter-day Saints, Community of Christ, Fundamentalist Church of Jesus Christ of Latter-day Saints, and any other religious groups rooted in the teachings of Joseph Smith, Jr.

TERMS OF CONTRIBUTION

To participate in this project, you must be eighteen years of age or older and claim a connection to a religion of the Restoration tradition. You will be asked to:

- Provide optional demographic information (e.g., gender, age), submission information (e.g., date and location of story), and contact information. Contact information may be used to validate submissions. It will not be displayed on the website or given to other people. Demographic information will only be displayed on the website with permission.
- Share stories that highlight religious life experiences and perspectives during the time of COVID-19.
- Share photos which will help tell your story. These may be digitally scanned or uploaded as standard accepted file types such as jpeg and pdf.

Consent from other people identified in the story or depicted in a photograph must be obtained and submitted.

Some of these stories and ancillary media, audio/visual, scanned, and uploaded materials will be archived and featured on a CGU-hosted website. Your story may be transcribed and made available on the website. Your uploaded media (audio/visual) may also be available on the website. These may also be archived in Special Collections of the Claremont Colleges Libraries and/or the Claremont Colleges Digital Library.

CONFIDENTIALITY POLICY

You may choose to be identified in our archives and website by full name or you may choose to be identified by first name and last initial until 2040 when your full name will be reattached to your story, photographs, and other products resulting from your submitted story. You may also choose to contribute to the project anonymously. Please select one of the following options.

I choose to be identified by full name.

I choose to be identified by first name and last initial until 2040 when my full name will be reattached to my story and uploaded media (audio/visual).

I choose to be anonymous.

The risks for participating in this project are minimal. They include the sacrifice of your time and the disclosure of personal information.

There is no direct compensation for participating in this project. Your participation in this project is completely voluntary. You may stop or withdraw from the story submission at any time or choose not to answer various questions. If you decide you would not like your story featured on the CGU-hosted website, you have ten days from the day of the submitted story to contact the project at covidlds@gmail.com and withdraw it.

If you have any questions or would like additional information about this project, please contact the project at covidlds@gmail.com. You may also contact Dr. Caroline Kline at caroline.kline2@cgu.edu and Dr. Farina King at king64@nsuok.edu.

Your signature below means that you understand the information on this form, that someone has answered any and all questions you may have about this project, and you voluntarily agree to participate in it. If a team facilitator or volunteer is submitting your story and materials on your behalf, please be sure that the submitter (if different from you as a participant) also includes a full printed name and signs this form.

Signature of Participant _____ Date _____

Printed Name of Participant _____

Signature of Submitter (if different from the participant) _____

Date Signed by Submitter _____

Printed Name of Submitter _____

Name of Interviewer (if story obtained through interview) _____