

VII. Copy of Consent Form to Participant:

We will give you a copy of this consent form to keep.

If you are willing to volunteer for this research please mark your choice with your initials and please sign below.

Please write your initials in the boxes which applies to you:

- It is OK for you to be named in the thesis.
- [.....] You do not want to be named in the thesis.
- It is OK for your interview(s) to be audio-recorded.
- [.....] You do not want your interview(s) to be audio-recorded.
- It is OK to give your audio-recorded interview(s) to the Mercer University library.
- You want your recorded interview(s) to be destroyed after the study is completed. This will be within one year from the time you are interviewed.

Please sign below to confirm that you have written your initials by your choices.

G. Thomas Martin III 6/28/16
Participant's Signature Date

Please Print Your Name: G. Thomas Martin III

J. Kemp 6/28/16
Principal Researcher or Researcher Obtaining Consent Date