“Investigating Makerspace Culture” Study Consent Form

You are invited to participate in a research study of makerspace culture and collaboration. You were selected as a possible participant because you are a member of the MAG Laboratory makerspace. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

**Background Information**: The purpose of this study is to understand the appeal of makerspaces and important aspects of makerspace culture. In particular, this study investigates what participants feel they get out of being part of a makerspace that they wouldn’t get out of working at home. This research is being conducted as part of the requirements for a Pitzer College course, “Field Methods in Anthropology.”

**Procedures**: If you agree to be in this study, I will ask you to participate in a one-time, one-on-one interview with me. The interview will last approximately 45 minutes, and will cover topics related to your opinions about makerspaces, makerspace culture, and your participation in MAG Laboratory. If you give permission, the interview will be recorded.

**Risks and Benefits of Being in the Study**: I do not anticipate any risks for you participating in this study, other than those encountered in day-to-day life.

I do not anticipate any direct benefits to you as a result of participating.

**Compensation**: There is no monetary compensation available for participation in this study.

**Voluntary Nature of Participation**: Your decision whether or not to participate will not affect your current or future relations with Pitzer College. If you decide to participate, you are free to withdraw at any time without affecting those relationships. During the interview, you may decline to answer any questions you don't feel comfortable answering, or request that the recording be temporarily turned off.

**Confidentiality**: Research records will be kept on a password-protected computer, and only the researcher will have access to the records. Interviews will be recorded using the audio-recording application on a password-protected smartphone. Immediately following the interview, the recording will be transferred to a password-protected computer and deleted from the smartphone. The recordings will later be transcribed, and these transcriptions will be stored, along with any other research records and reports, on the same password-protected computer. Research records will be kept for 3 years after completion of project. My findings will be shared with Professor Claudia Strauss in the form of a final paper, and with my classmates in an oral report. In these reports, pseudonyms will be used and identifying information will be removed. These reports will not be published or shared outside of the class.

**Contacts and Questions**:

The researcher conducting this study is Sarah Nichols. Please ask any questions you have now. If you have questions later, you may contact me at (760) 215-4881 or [snichols@hmc.edu](mailto:snichols@hmc.edu), or at

Mailbox #521

340 E. Foothill Blvd

Claremont CA 91711.

You can also contact my research advisor for this project, Professor Claudia Strauss, at [claudia\_strauss@pitzer.edu](mailto:claudia_strauss@pitzer.edu) If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Pitzer College Institutional Review Board at irb@pitzer.edu

You will be given a copy of this form to keep for your records.

**Statement of Consent:**

I have read the above information, and have received answers to any questions I asked. I am at least 18 years old and I consent to participate in the study.

Signature of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_

This consent form will be kept by the researcher for at least three years beyond the end of the study.

I give my permission for my interview to be recorded.

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_