



Evaluation of Oakland Unite Participant Consent Form



This program is funded through Oakland Unite, which is a City effort to reduce violence. About 3,000 people each year get support from Oakland Unite programs like this one. All these programs are evaluated to see what’s going well and what could be better.

As part of the Oakland Unite evaluation, we are asking your permission to share basic information about your participation in the program with evaluators. The information is used to look at what the program is doing – not what you are doing. You may also be asked to take part in voluntary activities, such as interviews, focus groups, or a survey.

We will take great care to protect the confidentiality of your information. Your data will be entered into a secure, password-protected database. Only your program providers and people involved in the evaluation will have access to your information. Nothing that identifies you will be used in any reports that are written about the evaluation.

To help you with your goals, staff in this program will sometimes talk with other service providers about your work together. If there is information you do not want shared with other service providers, please let program staff know.

Signing this form says that you are OK with your data being included in the evaluation. Participation is voluntary and you can still be in the program if you say no.

The evaluation will help us improve services for people like you. The risks of participating in the evaluation are small, and there are many protections in place to make sure your data is only used in the ways it is supposed to be.

If you have questions about the evaluation, you can contact: Valerie Okelola, Program Analyst at VOkelola@oaklandnet.com or (510) 238-3345.

I have read this form, my questions have been answered, and:

I agree that my data can be used in the evaluation

Print Name of **Participant**

Signature of **Participant**

Date



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PARENT OR GUARDIAN CONSENT FOR PARTICIPANTS UNDER AGE 18

If you had to get permission from a parent or guardian to participate in the program, then a parent or guardian MUST ALSO sign below to consent to your participation in data sharing and evaluation.

I have read this form on behalf of _____ (Participant Name),
and:

I agree that their data can be used in the evaluation

Print Name of **Parent or Guardian**

Signature of **Parent or Guardian**

Date

PROVIDER USE ONLY:

Please mark here if the Participant or their Parent/Guardian declined to have their data included in the evaluation