

Som Sr.

ORAL HISTORY  
2014-23-04

**Informed Consent Form**  
Hunters, Christians, and Native Americans in Alaska  
An Ethnography of Spirituality in the Upper Kuskokwim Region

IRB # 646745-2

Date Approved \_9 / 29/ \_2014

**Description of the Study:**

You are being asked to take part in a research study about contemporary spirituality in Athabascan villages. The goal of this study is to learn about how people in Upper Kuskokwim region think about spirits and God and go to different religious ceremonies. You are being asked to take part in this study because you are originally from or currently live in Upper Kuskowkim region. Please read this form carefully. We encourage you to ask questions and take the opportunity to discuss the study before making a decision on whether or not to participate.

If you decide to take part, Shiaki Kondo, the student researcher for this project will ask you to answer questions . It will take 30 minutes. If you would like to talk more, you can do so. This interview will be recorded and used for the research project. If you agree, the recording may also be used for radio programs on Voice of Denali Radio (KRFF FM 89.1), Fairbanks. If you agree, the recording may also be stored in the Oral History Archive, UAF Library for preservation of traditional knowledge and local history.

- Mark the box if you agree that the recording may be used for radio programs on Voice of Denali Radio.
- Mark the box if you want to be consulted again before use of the recording for radio program(s) on Voice of Denali Radio.
- Mark the box if you want to store the recording in the Oral History Program, UAF Library for preservation.

**Risks and Benefits of Being in the Study:**

- There are no risks anticipated if you take part in this study. Please do not talk about things you do not want others to know.
- The benefit to you for taking part in this study is that this project helps to document traditional knowledge you would like to pass on to the next generation. You will also receive compensation in the amount of \$25 for you participation.

**Compensation:**

You will receive \$25 for a session. Shiaki will give you a check after the interview.

**Confidentiality:**

- We will securely store all research records.
- Your name will not be used in reports, presentations, and publications if you want the information to remain confidential.

Mark the box if you want your name NOT to be used in reports, presentations and publications.

**Voluntary Nature of the Study:**

Your decision to take part in this research project is voluntary. You are free to choose whether or not to take part in the project. If you decide to take part, you can stop at any time or change your mind and ask to have your information removed from the study. Whether or not you choose to participate, will not affect you.

**Contacts and Questions:**

If you have questions now, feel free to ask me now. If you have questions later, you may contact Shiaki Kondo ([skondo@alaska.edu](mailto:skondo@alaska.edu) or 907-687-5787).

The UAF Institutional Review Board (IRB) is a group that examines research projects involving people. This review is done to protect the people like you who are involved the research. The committee wants to help make the project the best it can be for you and the researchers. If you have questions or concerns about your rights as a research participant, you can contact the UAF Office of Research Integrity at 474-7800 (Fairbanks area) or [1-866-876-7800](tel:1-866-876-7800) (toll-free outside the Fairbanks area) or [uaf-irb@alaska.edu](mailto:uaf-irb@alaska.edu).

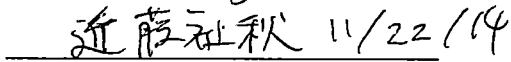
**Statement of Consent:**

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I am 18 years old or older. I have been provided a copy of this form.

This agreement covers the recordings made between 11 / 22 / 14 and 11 / 22 / 14

  
Signature of Participant & Date

11-22-14

  
Signature of Person Obtaining Consent & Date

Sam Sr.

ORAL HISTORY

2014-23-04



(907) 474-6773  
FAX (907) 474-6365  
fyapr@uaf.edu  
www.library.uaf.edu

**Elmer E. Rasmuson Library  
Alaska and Polar Regions Collections & Archives**

310 Tanana Loop Room 211, P.O. Box 756808, Fairbanks, Alaska 99775-6808

**Oral History Gift and Release Agreement**

Thank you for your generous contribution of knowledge to the Oral History Archives. We welcome the opportunity to have the audio/video recording made with

*Sammy John Sr., Shirley Gow* on *11/22/14*. The Oral History Archives agrees to preserve your recording and make it available to the public.  
*Shirley Gow*

In consideration of the role of the Archives in preserving and making your recording available, we ask you to agree to the following:

I, Sammy John Sr., transfer and convey to the University of Alaska Fairbanks' Rasmuson Library my title, interest, and copyright, if any, to the recording.

I also agree to hold the University of Alaska Fairbanks harmless for how it makes the recordings available and how it preserves them. I further acknowledge that I have been informed of the following:

- The Oral History Program makes recordings available to researchers, writers, scholars, students, and the interested public.
- The Library may make this recording electronically accessible via local area networks, the Internet, or other electronic means for access and preservation purposes.
- While the Library only intends to make the recordings available for educational and/or non-commercial purposes, by signing this form I release the Library and the University from liability in cases where individuals who access a recording might violate these conditions.



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**None of the above mentioned conditions restricts you from re-telling and/or recording again any of the information you gave on this recording.**

I have read and accept both the terms of the Oral History Gift and Release agreement as well as the Interview Restrictions provided.

Stanley Johnson  
(Narrator's printed name)

Stanley Johnson 11/22/14  
(Narrator's signature & date)

P.O. Box 9152 Nikolai, AK  
(Narrator's mailing address)  
99751

Shirley Jones 11/22/14  
(Interviewer's signature & date)

Robert L. Russell 12-03-14  
(Collection manager's signature & date)

Names of other institutions where copies of this recording (s) are deposited:

\_\_\_\_\_

Sam Sr.

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Shiaki Kondo

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Stanley Johnson  
(Narrator's printed name)

Stanley Johnson 11/22/14  
(Narrator's signature & date)

P.O. Box 9152 Nikolai, AK  
(Narrator's mailing address) 99761

Shirley Gove 11/22/14 [Shiraki Kando]  
(Interviewer's signature & date)  
[Shirley Gove]

Robert L. Russell 12-03-14  
(Collection manager's signature & date)

Names of other institutions where copies of this recording (s) are deposited:

\_\_\_\_\_