Parental Consent Form

Dear FIU SRI Program Staff,

My son/daughter __________________________, Student ID# ______________, is volunteering this summer of 2016 for a minimum of 20 hours per week for eight weeks (June 20th – August 12th) in a research facility overseen by a designated mentor who works as a faculty member at Florida International University. I understand that this program is sponsored by the FIU SRI Program and that the recorded hours worked this summer will count as community service hours towards their graduation; this is an unpaid internship. Please initial ______

I/We understand that no transportation to the FIU campus will be provided and that our son/daughter is willing and able to work at the specified designated times as agreed to between their research mentor and themselves. They will fill out the volunteer forms as required by FIU and will complete all safety coursework prior to their internship start date by the deadline of June 3rd. Please initial ______

I/We understand our son/daughter has expressed a specific research interest and will meet with various FIU faculties to be interviewed by them and hopefully obtain a summer position within their research facility. We understand that in order to achieve success in this program, it is imperative to consistently spend time in the laboratory, attend program professional development workshops and intern meetings. We will take no more than 1 week of vacation during the internship if authorized by the research mentor, and will not schedule vacation during the last 2 weeks of the internship program (August 1-August 12) nor during Orientation on June 20th. By signing this form, we agree to abide by all FIU and MDCPS regulations and to our child’s participation. Please initial ______

We will ensure that our child is punctual when reporting to their respective lab and will put forth maximum effort when serving their hours. Please initial ______

- Students participating in this program are periodically surveyed for feedback on the program activities. No identifying information is ever linked to their feedback. We aim to continuously improve our service to the students. Please initial your consent for your child to participate in surveys/questionnaires regarding the program. Please initial ______

- We often take pictures during our workshops and end of program symposium. Please initial your consent for your child’s picture to be included in FIU program-related brochures, website, and Facebook page. Please initial ______

FIU Summer Research Internship Coordinator: Amy Reid | areid@fiu.edu | 305.348.6662
• The SRI Program Staff strives to ensure that each student participant has an enriching summer experience, and we encourage students to communicate with us about their experiences both good and bad. Knowing that some students are less inclined to speak up, if you are aware that your child (or you) is ever dissatisfied with any element of the program, you are encouraged to contact Program Coordinator, Amy Reid to discuss any issue they may be having. We are here for YOU! *Please initial _________*

Sincerely Yours,

Parent/Guardian Name (Printed) _______________________________ Date: ______

Parent/Guardian Name (Signature) ______________________________________

Student Name (Printed) ____________________________________________ Date: ______

Student Name (Signature) ____________________________________________