**Consent to the Collection, Use, and Disclosure of Personal Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to the collection, use and disclosure of my Personal Information in the terms and for the purposes set out below:

1. I authorize The Salvation Army Lawson Ministries, who runs the Let’s Ride Program in which I will be participating in, to collect and use the following personal information for the purposes of running the Program and to ensure that I receive effective instruction suited to my needs, and ensuring my physical safety:

|  |
| --- |
| **Personal Information** |
| Full Name: | My Age:  |
| Address: |
| Phone Number: | Email Address: |
| **Emergency Contacts** |
| 1. Name:
 | Relationship: |
| Phone Number: | Email Address: |
| 1. Name
 | Relationship: |
| Phone Number: | Email Address: |

1. I authorize The Salvation Army Lawson Ministries to exchange **some of my personal information** with the following parties and **only for the purposes set out in the table below**:

|  |  |  |
| --- | --- | --- |
| **Name of Organization or Individual** | **Purpose:** | **Initials** |
| *The Salvation Army Lawson Ministries Hamilton (SALMH)* | * Promotion of the Let’s Ride Program to individuals supported at Lawson Ministries and the Hamilton community. This will include sharing to social media platforms, agency newsletters, and communications.

**Type of information to be shared with them:** * **Photos and videos**
* **Participant testimonials**
* **Final assessments of the program**
 | X\_\_\_\_\_\_ |
| *The Disability Services Transportation Committee (DSTC)* | * Research to develop a bicycle training course for people who access disability services in Hamilton, and for the purpose of training me to use my bicycle independently

**Type of information to be shared with them:** * **Photos and videos**
* **Social Media Blasts and Program Promotion**
* **Participant testimonials**
* **Final assessments of the program**
 | X\_\_\_\_\_\_ |
| *The Hamilton Community Foundation**(Funder of this Program)* | * accounting for the use of funds allocated to this project
* verification of use of Let’s Ride program

**Type of information to be shared with them:** * **Participant testimonials**
* **Statistics on program participation**
* **Final assessments of the program**
 | X\_\_\_\_\_\_ |
| *The Social Planning Research Council of Hamilton*  | * third-party research regarding outcomes of the Let’s Ride program including but not limited to use of city infrastructure, quality of life, and/or healthcare outcomes

**Type of information to be shared with them:** * **Photos and videos**
* **Participant testimonials**
* **Statistics on program participation**
* **Final assessments of the programs**
 | X\_\_\_\_\_\_ |
| *The following agencies and/or individuals who provide me with support:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | X\_\_\_\_\_\_ |

1. If I have any questions about this document, I will contact the following person who represents the Let’s Ride Program:

Name: Whitney Austin

Position: Team Leader

Phone Number: 905-741-1502

Email: letsride@lawsonministries.org

1. I understand that this exchange of information may take the form of telephone or email conversations, face-to-face meetings, letters, or records sent by mail or facsimile, or other electronic data exchanges.
2. I understand that if I choose to withdraw from the project at any time, my information may still be released, exchanged, or transmitted as part of project evaluation and reporting.
3. I had the opportunity to discuss my concerns with the Let’s Ride Program staff, I understand the circumstances and:
* **I AUTHORIZE** The Salvation Army Lawson Ministries to collect, use, and disclose the information described in this consent and only for the reasons described in it.

OR

* **I DO NOT AUTHORIZE** The Salvation Army Lawson Ministries to collect, use, and disclose the information described in this consent and only for the reasons described in it. In consequence, I understand that I will not be able to participate in this Program.
1. I was given this document on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I was given by The Salvation Army Lawson Ministries a reasonable opportunity to read this consent through and ask my questions and to accept or decline this consent. I’m providing this informed consent form on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date