

**APPENDIX G: Consent To Serve As Volunteer Participant
for Graduate Student**

Counselors-In-Training

Clinical Mental Health Counseling Program

Saint Cloud State University

Department of Community Psychology Counseling and Family Therapy

I consent to serve as a volunteer participant for graduate students who are counselors in training at St. Cloud State University. I am aware that these sessions may be observed by other members of the class and/or the instructor of the class. Sessions may be audio/video recorded and be used for class discussions for the sole purpose of learning enhancement. The information I share will not be disclosed for any other purpose and will be destroyed upon closure of the relationship I have with the student counselor in training. I am also aware that there are several legal/ethical requirements which are called "duty to warn/report" statutes mandated by the state of Minnesota which require counselors/psychologists to report to authorities the following:

1. If the counselor in training believes that I am threatening serious harm to self or others.
2. If an emergency exists where my life or health is threatened.
3. If abuse of a child, elderly person, or disabled person (vulnerable adults) is suspected; and/or a pregnant woman is abusing drugs.
4. If I am a minor (under age 18), I am aware that my parent or legal guardian will have privilege to information that I share.
5. If records are subpoenaed in a legal action

Client's Printed Name

Date

Client's Signature

Date

Counselor Trainee's Printed Name

Date

Counselor Trainee's Signature

Date