

## **Supplement Figure 1. Statement of Consent**

You are invited to participate in a research study regarding Citizen Scientists Learning and Observations of Pollinators and Floral Visitors conducted through Southern Illinois University.

Please read this form carefully before agreeing to be in the study. The principal investigator conducting this study is Kate Tillotson, a graduate researcher at Southern Illinois University in the lab of Dr. Jenn Weber, Associate Professor in Biological Sciences at Southern Illinois University. If you have questions, you may contact Kate Tillotson at [kate.tillotson@siu.edu](mailto:kate.tillotson@siu.edu) or Dr. Weber at [jennifer.weber@siu.edu](mailto:jennifer.weber@siu.edu) or 618-453-3219.

**Purpose:** The purpose of this study is to evaluate previous knowledge, and perceived knowledge growth and efficacy of citizen scientists learning to observe and identify pollinators and floral visitor's species, record their habits, and interact with the open science platform iNaturalist.

**Procedures:** If you agree to be in this study, you will be asked to volunteer your time by taking the proceeding survey, complete a training, observe and record floral visitors, and complete a post-survey to the best of your abilities. This should take approximately an hour or two over several days, depending on your availability. All interaction with this study is voluntary and participants may discontinue any part at any time. If volunteers would like to withdraw their interaction with the surveys they may email the coordinators of the survey at any time. Any data that is submitted before the point of withdrawal will be destroyed.

**Risks and Benefits:** We do not anticipate any specific risks resulting from this study, but study of pollinators and other stinging insects can have inherent risks, especially for those who are allergic. The Department of Health and Human Services requires that you be advised as to

the availability of medical treatment if a physical injury should result from research procedures. The researchers do not have funds specifically dedicated to compensating you for any adverse effects that you may experience by participating in this research. Nevertheless, you retain all your legal rights to seek compensation in the event of injury or other adverse event. If you are a registered student at SIUC, you are eligible to receive medical treatment at SIUC Student Health Services. If you are not a registered student at the university, immediate medical treatment is available at your closest hospital at usual and customary fees.

In the event you believe you have suffered any injury as a result of participating in the research program, please contact the Chairperson of the Institutional Review Board, who will review the matter with you. Phone (618) 453-4534. Email [siuhsc@siu.edu](mailto:siuhsc@siu.edu).

The study will not have any direct benefits for you, but your participation will help us learn more about the evaluation of motivations and goals for citizen scientists participating in pollinator studies and other observational studies more broadly.

**Voluntary Nature of Participation:** Your decision whether or not to participate will not affect your current or future relations with Southern Illinois University, Carbondale or relevant citizen science group. If you decide to participate, you are free to withdraw at any time without affecting those relationships. You may decline to answer any questions that you do not feel comfortable answering.

**Confidentiality:** This research will not include any information that will make it possible to identify you. All data collected from volunteer evaluations or volunteer tally forms will be kept in a locked file. Only the researcher will have access to this file.

This project has been reviewed and approved by the SIUC Institutional Review Board. Questions concerning your rights as a participant in this research may be addressed to the

Institutional Review Board Chair, Office of Research Compliance, Southern Illinois University,  
Carbondale, IL 62901-4709. Phone (618) 453-4534. E-mail siuhsc@siu.edu

\* 1. Statement of Consent: I have been given information about this research study and its risks and benefits and have had the opportunity to ask questions and have them answered to my satisfaction. I consent to participate and have my responses quoted directly, but anonymously. I consent to participate in this study. By checking "Yes" below I confirm that I am 19 years of age and consent to the Terms above. Check Yes to Continue.