

QUEER SAFE ZONE ACKNOWLEDGEMENT & CONFIDENTIALITY STATEMENT WESTERN WASHINGTON UNIVERSITY

The mission of the WWU Queer Safe Zone program is to train a network of safe and supportive allies to the queer community on campus.

Rights

I acknowledge that I have the following rights as a Safe Zone ally:

- I can, at any time, call upon other Safe Zone allies or members of the Queer Safe Zone Planning Committee to answer questions or receive support.
- I can, at any time, call upon any other resources I find helpful that are consistent with the mission and purposes of the WWU Queer Safe Zone Project.
- I have permission to be imperfect and show lack of knowledge around queer issues and/or issues of oppression, homophobia and heterosexism.
- If I do not feel comfortable with a particular situation I can, at any time, refer the person seeking assistance to campus and community resources identified in the Safe Zone training manual.
- My relationship with the Safe Zone program may be re-evaluated at my request or the request of the WWU Queer Safe Zone Planning Committee. I understand that behavior contrary to the spirit of the Safe Zone project may be handled in one or more of the following ways:
 1. An individual meeting(s) may be held with a member of the planning committee;
 2. Additional training may be required or requested; and/or
 3. Membership as a Safe Zone ally may be revoked.

Responsibilities

I acknowledge that I have the following responsibilities as a Safe Zone ally:

- Read and agree to uphold the Safe Zone confidentiality statement.
- Create a Safe Zone environment that is compassionate, non-judgmental and respectful.
- Be a contact person and positive listener to all who request my services as a Safe Zone ally.
- Provide support to any member of the WWU community who is dealing with the negative effects of homophobia or transphobia so that he/she/ze will not feel alone.
- Provide support and information to people who are having difficulty understanding or dealing with the sexual orientation or gender identity of others (e.g., roommate, sibling, friend, etc.).
- Provide reference materials and information about campus and community resources for lesbian, gay, bisexual, transgender, questioning, and queer people in the area.
- Offer support and referral to legal assistance for anyone who has been harassed because of her/his sexual orientation or gender identity, including but not limited to an appropriate campus offices or programs.

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- Stay knowledgeable of [Western's Bias Incident Reporting process](#), coordinated by the WWU Equal Opportunity Office (located in Old Main 345, phone number: 360-650-3307), as well as other [applicable University policies](#).

Confidentiality Statement

For the Queer Safe Zone program to have a meaningful impact on campus, it is important that Safe Zone members can be trusted. As a Safe Zone ally, you are expected to promote an atmosphere of confidentiality. There are, however, limits to this confidentiality.

If a person shares with you that they intend to cause physical harm to themselves or others, you must take immediate action to prevent that harm by calling the SAFE Campus Hotline at 360-650-7233 (SAFE) or University Police at 360-650-3555.

If a person shares with you that they have been the victim of a crime on campus, Western may be legally obligated to offer support and reporting options (for cases involving sexual violence) and/or to include it in our annual crime statistics. For additional information, please refer to the Annual Security and Fire Safety report, available online at <http://www.wvu.edu/yypsa/asr.shtml>, or contact any of the offices listed below:

- University Police, 2001 Bill MacDonald Parkway, 360-650-3555
- Consultation and Sexual Assault Support Services (CASAS), Old Main 585B, 360-650-3700
- Dean of Students Office, Viking Union 506, 360-650-3706
- Equal Opportunity Office / Title IX Compliance Officer, Old Main 345, 360-650-3307

Name (please print)

Mailing Address or Mailstop #

Phone #

E-mail Address

Please place an X next to what best describes you:

_____ Student

_____ Staff

_____ Faculty

- I would like to receive information on post-training opportunities but **I do not want to be an official Safe Zone Ally.**
- Please don't add me to the Queer Resource Center's mailing list.

By signing this form, I hereby acknowledge that I have read this document and understand my rights and responsibilities as a Queer Safe Zone ally at Western.

Signature

Date

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