



## **SAFE ZONE CONTRACT & CONFIDENTIALITY STATEMENT**

### *UNIVERSITY OF ALASKA SOUTHEAST*

UAS Safe Zone seeks to form a network of students, faculty, and staff committed and trained to provide safe, non-judgmental, and supportive contacts for all UAS community members who may be dealing with lesbian, gay, bisexual, transgender, or questioning issues.

### **Responsibilities**

As a Safe Zone Contact Person at one of the UAS campuses, I recognize my responsibilities to:

- promote an atmosphere of confidentiality and inform the person coming into my office of the limitations to that confidentiality
- not attempt to sway the person to a different sexual orientation or viewpoint
- be a contact person and positive listener to all who request my services as a Safe Zone Contact Person
- provide reference materials and other resources about sexual identity and support services for Gay, Lesbian, Bisexual, Transgender, Intersex, and Questioning people (GLBTIQ) in the area
- provide support to any person who is dealing with homophobia so she/he will not feel alone
- provide support and information to people who are having difficulty understanding or dealing with the sexual orientation of others (e.g., student, coworker, roommate, peer, sibling, friend, etc.)
- offer support and referral to judicial/legal assistance for anyone who has been harassed because of her/his sexual orientation, including but not limited to an appropriate campus office or program
- provide assistance for the community member whenever necessary; to help a person bring her/his case to Counseling and/or Health Services and to other advocates, legal or otherwise, in a confidential way, if so requested by a student, staff member, or faculty member.

- protect the integrity and credibility of the Safe Zone program by displaying my Safe Zone sticker only in my designated workspace where membership will not be assumed for other professionals or student staff in the same office or workspace, and to refrain from duplicating or publishing the UAS Safe Zone logo without permission from the program Coordinator
- promote the UAS Safe Zone project in a positive light, referring interested parties to the Wellness Office or Peer Support Office for orientation and training

## **Rights**

I recognize that I have rights as a Safe Zone Contact Person. They are:

- I can, at any time, refer the person seeking assistance to the Counselor, Health Center, Student Wellness Office, or Peer Support Office if I do not feel comfortable with a particular situation.
- I can, at any time, call upon other Safe Zone Contact Persons 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 UAS Safe Zone Project.
- My relationship with the Safe Zone Project may be re-evaluated at my request or the request of the UAS 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 provider may be revoked.

## **Signature**

By signing this form I hereby formally declare my office, workspace, or room to be a Safe Zone at UAS, that I agree with my rights and responsibilities as a Safe Zone Contact Person, and that I agree to support each student, staff, or faculty person in her/his perceived sexual orientation and/or need for related support, information, or referral.

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Department/Office: \_\_\_\_\_ Building: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

