

Safe Zone Member Commitment Pledge

Date: _____

I _____ have read and understand my responsibilities as a Safe Zone member. I will uphold the Safe Zone Mission and Goals to the best of my ability and adhere to the following:

- I promise to familiarize myself with the material in the safe zone manual and not rely those I am serving to educate me.
- I promise to be tolerant, both verbally and nonverbally, of others sexuality and gender identity.
- I promise to seek assistance from counseling when appropriate
- I promise **NOT** to “OUT” anyone without the explicit permission of the individual.
- I promise to conduct myself in a professional manner.
- I will maintain confidentiality when private information is disclosed to me.
- I will help students to find appropriate resources on campus and in the community.

Safe Zone Member Signature

Contact Dr. Barbara Hunter ext 5590 or Dr. Shauna Scribner ext 5376 if you have any questions or concerns.