



Ally Contract

The following information will be used for Safe Zone membership records.

Name: _____ Date of Safe Zone Training: _____

Email: _____ Phone: (_____) _____

Student Status:

Undergraduate Student Graduate Student Anticipated Graduation Date: _____

Campus Mailing Address: _____

Employee Status:

Faculty Staff GA/TA RA
 Adjunct Alumni Student Employee

Position: _____ Office Name: _____ Location: _____

Membership Options

<input type="checkbox"/> Check above if you do NOT wish to be a Safe Zone ally. We thank you for attending the workshop.	<input type="checkbox"/> Check above if you wish to be a Safe Zone ally, but you do NOT wish to include your name and contact information on the Safe Zone website or other public distributions of information.	<input type="checkbox"/> Check above if you wish to be a full member of Safe Zone with all the rights and responsibilities of the position. (Only your name, office location, and email will be published.)
---	---	--

Ally Contract:

I, _____, hereby have permission to be imperfect with regards to people who are different from me. I understand that I do not know all of the answers to LGBTQQAAL issues. I recognize that I have the right to ask questions, to struggle with issues, and to be honest about my feelings.

However, I am nonetheless committed to educating myself and others about violence, oppression, heterosexism, and homophobia and to combating them all on a personal level.

I am committed to working toward providing a safe, confidential support network for members of the lesbian, gay, bisexual, transgender, queer, questioning, allied, asexual, and intersex community, both at the College of Charleston and elsewhere **while upholding the College's Core Purpose and Values through these actions.**

I am committed to treating everyone with the dignity and respect they deserve and are entitled to as human beings. I will make a difference!

Signature: _____ Date: _____