

PRESIDENT'S COMMISSION ON THE STATUS OF GAY MEN,  
LESBIANS, BISEXUALS, TRANSGENDER PEOPLE, AND ALLIES  
*at Edinboro University of Pennsylvania*

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EDUCATION

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EDUCATION

**DR. LAURA MILLER**  
HEALTH/PHYSICAL  
EDUCATION

**KAHAN SABLO**  
DEAN OF STUDENTS

**DUANE SCHLOSSER**  
DINING SERVICES

**DR. STEPHEN SULLIVAN**  
PHILOSOPHY

THE INCLUSION OF NAMES  
ON THIS LIST DOES NOT  
INDICATE THE SEXUAL  
ORIENTATION, GENDER  
EXPRESSION, OR GENDER  
IDENTITY OF AN  
INDIVIDUAL MEMBER.  
MEMBERS LISTED WITH AN  
ASTERISK ARE OPENLY  
GLBT.

**EUP SAFE ZONE PROGRAM CONTRACT  
AND CONFIDENTIALITY STATEMENT**

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

**Responsibilities:**

As a Safe Zone Program Member at Edinboro University, 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 Program Member;
- provide reference materials and other resources about sexual identity and support services for Lesbian, Gay, Bisexual, Transgender, and Questioning people (LGBTQ) 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., roommate, co-worker, sibling, friend, etc.);
- offer support and referral to 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 the Counseling and Psychological Services department and/or Ghering Health and Wellness Center and to other advocates, legal or otherwise, in a confidential way, if so requested by a student, staff member, or faculty member;
- possibly serve as an advocate, advisor, teacher, or mentor to those who seek your support. **We strictly prohibit romantic or sexual relationships forming between you and a student who seeks you out as a support through the Safe Zone program.** We also strongly recommend that you connect students with social supports other than the ones with which you are currently involved. In order for this program to be successful, it is important that Safe Zone members keep clear, professional boundaries.

**Rights:**

I recognize that I have rights as a Safe Zone Program Member. They are:

- I can, at any time, refer the person seeking assistance to the Counseling and Psychological Services department and/or Ghering Health and Wellness Center if I do not feel comfortable with a particular situation;
- I can, at any time, call upon other Safe Zone Program Members 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 EUP Safe Zone Program;
- My relationship with the Safe Zone Project may be re-evaluated at my request or the request of the EUP Safe Zone Program 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:
  - An individual meeting(s) may be held with a member of the planning committee;
  - Additional training may be required or requested; and/or
  - Membership as a Safe Zone provider may be revoked.

**Signature**

By signing this form I hereby formally declare my office/room to be a Safe Zone at Ediboro University, that I agree with my rights and responsibilities as a Safe Zone Program Member, 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)**

**Office Address**

**Phone #**

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**Department or Organization**

**E-mail Address**

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**Signature**

**Date**

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