SDSU Safe Zone Program Application

Completed Safe Zones Training Applications can be sent via campus mail to: Safe Zones, MC4730, SDSU or returned electronically to: Carrie Sakai <csakai@mail.sdsu.edu>

If you are not on campus and want to mail in the application, the full address for sending the applications is:
Safe Zones @ SDSU
5500 Campanile Dr.
San Diego State University
San Diego, CA 92182-4730

About the Safe Zone Program
The SDSU Safe Zone program has been a collaborative effort of several groups and offices on campus. The mission of the Safe Zone Program is to provide an accepting, supportive and proactive environment for lesbian, gay, bisexual, transgendered and questioning (LGBTQ) students, faculty, staff and administrators and their allies.

Objectives
The Safe Zone program has four primary objectives:

1. To identify and train a network of allies who are concerned, empathic, and knowledgeable about LGBTQ issues.
2. To provide evidence of the support of LGBTQ people and their allies within the SDSU community by posting a sign as tangible evidence of that support.
3. To reduce the fear of reprisal and discrimination by LGBTQ people and their allies within the SDSU community.
4. To assist LGBTQ and allied students in achieving their educational goals by creating an environment in which they can be themselves.

Expectations
To be a Safe Zone is to be an ally for the LGBTQ community. Members of the Safe Zone community are expected to:

- Be supportive and visible to SDSU LGBTQ students and their allies
- Attend a Safe Zone Orientation and Training Session to acquaint you with the Safe Zone Program, discuss issues of concern within the LGBTQ community, and develop skills to increase effectiveness as Safe Zone Allies
- Display a Safe Zone sticker in a prominent place in their office or room, preferably on the outside of their door
- Provide information on LGBTQ related issues or and be able to provide referrals to other resources if unable to handle the request
- Attend at least one Safe Zone event per year
Safe Zone Program Application

Please answer all of the following questions, attaching additional sheets if necessary. Return completed applications to:

Safe Zone Program
Carrie Sakai csakai@mail.sdsu.edu

Since a critical part of this program is the display of the Safe Zone sticker at your place of business or work, we ask that you list your office address, or the address where the sticker will be displayed.

Name ____________________________________________
Mailing Address ____________________________________
_________________________________________________
Position/Department ________________________________
Phone ________________ E-mail ______________________

1. How did you hear about the Safe Zone Program and why did you decide to apply?

2. Which of the following means of support do you feel you can provide to the LGBTQ community and their allies as a Safe Zone? Check all that apply.

_____ One-on-one advocacy and support
_____ Resources for political and social activism
_____ Guest speaker for programs or meetings
3. Are you willing to be a visible supporter of the Safe Zone program by displaying your program sticker and responding to the questions it may prompt?

4. Give an example of a time when you actively addressed an LGBTQ issue.

5. Is there anything else you would like us to consider in reference to your application?

I give permission for the SDSU Safe Zone program administrators and trainers to review and distribute the information in this application as necessary to confirm my eligibility to be a SDSU Safe Zone. I understand that my e-mail address will be added to the SDSU Safe Zone listserv so that I may receive information and communicate with other Safe Zone participants.

Check here if you would like to be added to the following listservs in addition to Safe Zone:

_____ LGBTSU (student group)

_____ GLIC (faculty/staff group)

Are you willing to be identified by name as a Safe Zone Ally on www.safezone.sdsu.edu?

Yes_______ No________

Signature: ___________________________________________ Date: ______________________________

If you have any questions or concerns, please feel free to contact the Safe Zone Program at the address on the top of this application.