

**ALLY AGREEMENT**

Although I am not an “expert” on lesbian, gay, bisexual, transgendered and intersexual issues, I will provide affirming resources and referrals to the best of my ability.

I am committed to continue my education, to help others learn about oppression, heterosexism, homophobia, biphobia, and transphobia, and to improve myself on a personal level.

I am committed to working toward providing a safe, positive, confidential support network for members of the lesbian, gay, bisexual, transgender, and intersexual communities.

I am committed to treating everyone with the dignity and respect that they are entitled to as human beings.

I hereby agree to provide a “safe zone” or “positive space” for anyone dealing with sexual or gender orientation issues.

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



Name: \_\_\_\_\_ Date of Seminar: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ (optional)  
Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Administrator \_\_\_\_\_

Department/Office Name: \_\_\_\_\_

Building & Room Location: \_\_\_\_\_

Student \_\_\_\_\_ Date of Graduation? \_\_\_\_\_



\_\_\_ Check here if you do NOT wish to include your name & contact information in ALLY newspaper ads.

\_\_\_ Check here if you do NOT wish to include your name & contact information on the ALLY web site.

\_\_\_ Check here if you do NOT wish to join the ALLY email list.

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[If you wish to return this agreement later, please send to Gina Masequesmay, in AAS at Mail Code 8251]