



SAFECHURCH Project
Hope and Grace Ambassador/Advocate
Confidential Volunteer Reference



The following person desires to volunteer as a Hope and Grace _____ to
Fill in Ambassador or Advocate

minister to those in the church and community who seek help with an untimely pregnancy or who struggle over a past abortion and to provide support and resources through the church and community. We will appreciate you taking the time to fill this out and return it to the address at the bottom of the form.

Volunteer Name: _____ Phone: _____ Email: _____

Your Name: _____ Phone: _____ Email: _____

How well do you know the applicant?

_____ Very Well _____ Fairly Well _____ Slightly

Please check the appropriate rating to indicate your opinion of the applicant.

	Outstanding	Competent	Needs Improvement	Unable to Determine
Emotional Maturity				
Spiritual Maturity				
Communication Skills				
Listening Skills				
Compassion for Individuals				
Ability to Keep Confidences				
Dedication/ Commitment				
Kindness				
Humility				
Sees a Task Through				
Ability to Accept Criticism				
Teachability				
Dependability				
Patience				
Initiative				
Grooming/ Appropriate Dress				

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Please comment on the applicant's gifts and desire to minister.

Please comment on the applicant's commitment to Christ and his or her lifestyle.

What do you feel are the applicant's greatest strengths?

What do you feel are the applicant's areas of weakness?

Do you have any further comments regarding the applicant's potential as a volunteer?

Please initial one of the following:

_____ This applicant receives my highest recommendation.

_____ I recommend this applicant with confidence.

_____ I recommend this applicant with some reservations.

_____ I would not recommend this applicant to volunteer at the Pregnancy Resource Center.

Signature Date

If you are a pastor or church leader, please give your title and name of church.

Please return as soon as possible to jeni@hopeandgraceinternational.com. Thank you for your time!