I, Click or tap here to enter text., certify that I completed the requirements, listed below, necessary to become certified as a ***HOPE AND GRACE ADVOCATE* (HGAD)** to minister, through my local church, to those who are in untimely pregnancies or who have lost a child to abortion in the past.

Please initial all completed points below. Typed initials are acceptable.

Initials Ihave participated in the ***ABORTION REDEEMED*** classes, read the notes, and watched any videos included for any classes I missed.

Initials I participate in church services and activities on a regular basis and agree with both my church’s and Hope and Grace International’s (HGI) Statements of Faith.

Initials I have attached my signed HGI *Commitment to Godly Conduct* and *Commitment to Represent and Uphold* documents.

Initials I have submitted my Confidential Volunteer Application and my signed Call to Volunteer form.

Initials I have submitted reference forms to the following people who know my character and church participation well enough to vouch for me to fulfill my role as a ***HGAD.***

|  |
| --- |
| PASTOR OR MINISTRY LEADER WHO HAS KNOWN ME ONE YEAR MINIMUM: |
| Pastor/Ministry Leader: | Title: | Phone: | Email: |
| Enter First and Last Name  | Title | xxx-xxx-xxxx | Email |
| CO-WORKER OR BUSINESS ASSOCIATE WHO HAS KNOWN ME TWO YEARS MINIMUM: |
| Co-Worker/Business Associate Name | Business | Phone: | Email: |
| Enter First and Last Name | Business | xxx-xxx-xxxx | Email |
| NON-FAMILY-MEMBER WHO HAS KNOWN ME FIVE YEARS MINIMUM: |
| Personal Friend Name: | Phone: | Email: |
| Enter First and Last Name | xxx-xxx-xxxx | Email |

I further agree to the following:

1. As an ***HGAD*** I understand that I represent Jesus, my church, my *Hope and Grace Chapter,* the *SAFE CHURCH* program through *OperationEQUIP,* and Hope and Grace International Inc and that my behavior and actions reflect on these people and entities.
2. I will spend time daily in prayer and Bible reading, growing in my faith, and maintain at least two prayer partners committed to covering me in prayer.
3. I will treat every person I meet with regarding untimely pregnancy or past abortion with complete respect and dignity and will refer to them as friends, not clients or people in need.
4. I am not expected to meet all their needs but to empower them to obtain the support, resources, and help they need.
5. I am not expected to know all the answers but will do my best to assist each friend in finding the answers and support they need. If I need help, I will reach out to my *Hope and Grace Ambassador,* church staff, local agencies, or HGI.
6. For safety reasons, I will meet with these friends only at church or in a public location such as a coffee shop. I will not begin or continue communicating with anyone in person if I do not feel safe. I will communicate realistic boundaries of when I am available by phone, text, or in person.
7. Unless it is for an official referral to a church resource or local agency, I will not indicate their situation or that I am working with them in any official capacity when introducing these friends to others. If asked how we know each other, I will say we met through church. I will leave it up to these friends to share whatever information they choose.
8. I will always speak the truth in love but will ask these friends permission before sharing information, whether it be resources, Scripture, or any advice, or praying with them. But I will share my faith whenever possible and encourage them to join me at church. I will be gracious and respectful to stop when I am asked to do so.
9. If I have any conflicts in my role as an ***HGAD*** I cannot resolve, I will discuss it with my pastor or ministry leader, maintaining confidentiality unless I have been threatened.

|  |
| --- |
| **YOUR INFO** |
| Typed Name will suffice as Signature  | Date |
| Signature | Date: Click or tap to enter a date. |
| Street/Mailing Address: | Phone: |
| Click or tap here to enter text. | xxx-xxx-xxxx |
| Address 2nd Line: | Email: |
| Click or tap here to enter text. | Email |
| City, State, Zip: |   |
| City State Zip |  |
| Emergency Contact Name: | Relationship |
| Click or tap here to enter text. | Choose an item. |
| Emergency Contact Phone: | Emergency Contact Email: |
| xxx-xxx-xxxx | Email |
| **CHURCH INFO:** | **HOPE AND GRACE AMBASSADOR INFO:** |
| Church Name: | Ambassador Name: |
| Church Name | Ambassador Name |
| Church Address: | Ambassador Phone: |
| Click or tap here to enter text. | Ambassador Phone |
| Address Line 2: | Ambassador Email: |
| Click or tap here to enter text. | Ambassador Email |
| City, State, Zip |  |
| City State Zip |  |
| **QUESTIONS, COMMENTS, SPECIAL CIRCUMSTANCES:** |
| Click or tap here to enter text. |