



HOPE AND GRACE ADVOCATE COMMITMENT



I, _____, certify that I completed the requirements, listed below,

PLEASE PRINT FIRST AND LAST NAME

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.

- _____ I have participated in the **ABORTION REDEEMED** classes, read the notes, and watched any videos included for any classes I missed.
- _____ 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.
- _____ I agree to HGI's *Commitment to Godly Conduct* and *Statement of Principles* and have attached my signed *Commitment to Represent and Uphold* document.
- _____ I have submitted my Confidential Volunteer Application and my signed Call to Volunteer form.
- _____ 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:

PRINT FULL NAME POSITION PHONE EMAIL

CO-WORKER OR BUSINESS ASSOCIATE WHO HAS KNOWN ME TWO YEARS MINIMUM:

PRINT FULL NAME BUSINESS PHONE EMAIL

NON-FAMILY-MEMBER WHO HAS KNOWN ME FIVE YEARS MINIMUM:

PRINT FULL NAME PHONE 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.

Hope and Grace Advocate Commitment

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.

SIGNATURE

DATE

STREET ADDRESS

PHONE

EMAIL

CITY, STATE, ZIP

CONTACT IN CASE OF EMERGENCY

RELATIONSHIP

PHONE

EMAIL

CHURCH NAME

HOPE AND GRACE CHAPTER AMBASSADOR

Church STREET ADDRESS

AMBASSADOR PHONE

CHURCH CITY, STATE, ZIP

AMBASSADOR EMAIL

Comments: _____

