.

I, First and Last Name, certify that I completed the requirements, listed below,

first and last name

necessary to become certified as a ***HOPE AND GRACE AMBASSADOR (HGAM)*** 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 check and initial all completed points below.

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 agree to HGI’s *Commitment to Godly Conduct* and *Statement of Principles* and have attached my signed *Commitment to Represent and Uphold* document.

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 ***HGAM.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 ***HGAM*** 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, single parenting or past abortion with complete respect and dignity and will refer to them as friends, not clients or people in need. And I will treat Chapter Members in the same way.
4. I will support our Members and ***HOPE AND GRACE ADVOCATES*** so that they will be empowered and equipped to minister as needed.
5. I am not expected to know all the answers. If I need help, I will reach out to my supporting pastor or ministry leader*,* church staff, local agencies, or HGI.
6. I will follow the duties listed on my job description to the best of my ability. If I am unable to do this, I will communicate with my pastor/ministry leader and find another Member to cover for me.
7. I will maintain confidentiality regarding anyone who seeks help through the Safe Church Program.
8. I will always speak the truth in love, following the COVENANT OF HARMONY when necessary.
9. If I have any conflicts in my role as an ***HGAM*** that I cannot resolve, I will discuss it with my pastor or ministry leader, maintaining confidentiality.

|  |  |
| --- | --- |
| **YOUR INFO** | |
| Typed Name will suffice as Signature | Date |
| Type First and Last Name | 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:** |  |
| Church Name: |  |
| Church Name |  |
| Church Address: |  |
| Click or tap here to enter text. |  |
| Address Line 2: |  |
| Click or tap here to enter text. |  |
| City, State, Zip |  |
| City State Zip |  |
| **QUESTIONS, COMMENTS, SPECIAL CIRCUMSTANCES:** | |
| Click or tap here to enter text. | |

*(Please “SAVE AS,” adding your name to the title and return as soon as possible to* [*joni@hopeandgraceinternational.com*](mailto:joni@hopeandgraceinternational.com)*.)*