



HOPE AND GRACE AMBASSADOR 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 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.

- _____ 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 am in agreement 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 an **HGAM**.

PASTOR OR MINISTRY LEADER WHO HAS KNOWN ME ONE YEAR MINIMUM:

_____	_____	_____	_____
PRINT FULL NAME	TITLE	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

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.

Hope and Grace Ambassador Commitment

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.

SIGNATURE

DATE

STREET ADDRESS

PHONE

EMAIL

CITY, STATE, ZIP

CONTACT IN CASE OF EMERGENCY

RELATIONSHIP

PHONE

EMAIL

CHURCH NAME

SAFE CHURCH REPRESENTATIVE

Church STREET ADDRESS

SAFE CHURCH REP PHONE

CHURCH CITY, STATE, ZIP

SAFE CHURCH REP EMAIL

Comments: _____
