



HOPE AND GRACE ADVOCATE COMMITMENT



I, _____, 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.

- Checkboxes for participation in Get EQUIPPED and Be the SOLUTION classes, completion of additional training, participation in healing Bible study, church service participation, agreement to HGG's Commitment to Godly Conduct and Statement of Principles, attachment of Confidential Volunteer Application, agreement to an interview with the lead HGAD, and submission of reference forms.

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

Form fields for Pastor or Ministry Leader: PRINT FULL NAME, TITLE, PHONE, EMAIL

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

Form fields for Co-worker or Business Associate: PRINT FULL NAME, BUSINESS, PHONE, EMAIL

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

Form fields for Non-family member: PRINT FULL NAME, PHONE, EMAIL

Hope and Grace Advocate Commitment

I further agree to the following:

1. As an **HGAD** I understand that I represent Jesus, my church, my *Hope and Grace Partnership* through my church, the *SAFECHURCH PROJECT*, and Hope and Grace Global 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 lead **HGAD** or **Hope and Grace Ambassador (HGAM)**, point pastor, or ministry leader overseeing the Hope and Grace Partnership at my church or that of another church involved, or HGG representative.
6. For safety reasons, I will initially 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. I will report any reasons I do not feel safe to my lead **HGAD** or **HGAM**, point pastor, or ministry leader overseeing the Hope and Grace Partnership at my church or that of another church involved, or HGG representative.
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 maintain confidentiality regarding the particulars of any conversation with the friends I meet with as an **HGAD** other than information that is necessary to procure resources or seek assistance from the lead **HGAD**, **HGAM**, point pastor, or ministry leader overseeing the Hope and Grace Partnership at my church or that of another church involved, or HGG representative unless I have been threatened or there is suspected abuse of or by the friend or a minor associated with them. (This would include suspected physical or sexual assault of an adult or abuse of a child.)
9. 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.
10. If I have any conflicts in my role as an **HGAD** that I cannot resolve, I will follow the COVENANT OF HARMONY and then discuss it confidentially only with those necessary, including the lead **HGAD**, **HGAM**, point pastor, or ministry leader overseeing the Hope and Grace Partnership at my church or that of another church involved, maintaining confidentiality unless I have been threatened or there is suspected abuse of or by the friend or a child associated with them. (This would include suspected physical or sexual assault of an adult or abuse of a child.)

SIGNATURE

DATE

Hope and Grace Advocate Commitment

STREET ADDRESS

PHONE

EMAIL

CITY, STATE, ZIP

CONTACT IN CASE OF EMERGENCY

RELATIONSHIP

PHONE

EMAIL

CHURCH NAME

HOPE AND GRACE AMBASSADOR

Church STREET ADDRESS

AMBASSADOR PHONE

CHURCH CITY, STATE, ZIP

AMBASSADOR EMAIL

Comments: _____

(Please scan and save as *Hope and Grace Ambassador Commitment xx* (your initials) and return as soon as possible to instructor@HopeandGraceAcademy.org.)