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 ***Get EQUIPPED*** classes, read material for each class, participated in class discussions, and watched any videos included for any classes I missed

Initials I have participated in the ***Be the SOLUTION*** classes, read material for each class, participated in class discussions, and watched any videos included for any classes I missed.

Initials I have participated in any additional training as provided and required for **HGAD’s.**

Initials If I have lost a child to abortion or participated in someone else’s abortion I have participated in a complete abortion healing Bible study. Completion Date or N/A, Class Facilitator Name., Facilitator Phone, Facilitator Email. I give my permission to contact the Facilitator to verify my participation. Choose an item.

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

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

Initials I have attached my Confidential Volunteer Application and my signed Call to Volunteer form with this document.

Initials I agree to have an interview with the lead ***HGAD*** from my church or representative of HGG’s SafeChurch Project***.***

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 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*** thatI cannot resolve, I will 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.)

|  |
| --- |
| **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. |

*(Please “SAVE AS,” adding your initials to the title and return as soon as possible to* instructor@HopeandGraceAcacemy.org*.)*