.

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 by educating and equipping all populations of my church, to the best of my ability, to understand the truth about sexuality, pregnancy, and abortion to help make chastity a priority and abortion unthinkable in the church and community.

Please check and initial all completed points below.

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

Initials Ihave 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 will participate and complete any additional training as provided and required for **HGAM’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 HGI’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.

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 ***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 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 agree to fulfill the job description for an ***HGAM*** to the best of my ability*.* If I am unable to do this at any time, I will communicate with the point pastor, or ministry leader overseeing the Hope and Grace Partnership at my church and find another ***HGAM*** to cover for me.
4. I will treat every person I encounter with complete respect and dignity regardless of their beliefs or background.
5. I will support other ***HGAM’s*** and ***HOPE AND GRACE ADVOCATES*** (***HGAD’s***)so that they will be empowered and equipped to minister as needed.
6. I am not expected to know all the answers. If I need help, I will reach out to the point pastor, or ministry leader overseeing the Hope and Grace Partnership at my church.
7. I will maintain confidentiality regarding anyone who seeks help through the SafeChurch Project, my church’s HOPE AND GRACE PARTNERSHIP, or any other way.
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 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 |
| 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:** | **HOPE AND GRACE** **AMBASSADOR INFO:** |
| Church Name: | Ambassador Name: |
| Click or tap here to enter text. | 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 name to the title and return as soon as possible to* instructor@HopeandGraceAcacemy.org*.)*