

**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 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.

- \_\_\_\_\_ I have 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.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ I will participate and complete any additional training as provided and required for **HGAM's**.
- \_\_\_\_\_ 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.  Yes  No
- \_\_\_\_\_ I participate in church services and activities on a regular basis and am in agreement with both my church's and Hope and Grace Global's (HGG) Statements of Faith.
- \_\_\_\_\_ I agree to HGG's *Commitment to Godly Conduct* and *Statement of Principles* and have attached my signed *Commitment to Represent and Uphold* document.
- \_\_\_\_\_ I have attached my Confidential Volunteer Application and my signed Call to Volunteer form with this document.
- \_\_\_\_\_ I agree to have an interview with the lead **HGAD** from my church or representative of HGG's SAFECHURCH PROJECT.
- \_\_\_\_\_ 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:

\_\_\_\_\_

## Hope and Grace Ambassador Commitment

PRINT FULL NAME

PHONE

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.)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL

## Hope and Grace Ambassador Commitment

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CHURCH NAME

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SAFECHURCH REPRESENTATIVE OR LEAD AMBASSADOR

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Church STREET ADDRESS

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SAFECHURCH REP OR AMBASSADOR PHONE

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CHURCH CITY, STATE, ZIP

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SAFECHURCH REP OR 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](mailto:instructor@HopeandGraceAcademy.org).)