

HOPE Initiative Statement of Understanding

I, _____, volunteer to serve as a HOPE Specialist. I obtained permission to volunteer from my unit leadership.

As a participant, I understand:

- I will attend training on _____ as my alternate duty location.
- I am expected to arrive on time with the required materials in hand. I will also participate with comments and questions regarding the material presented.
- Following completion of the training, I will not be a trained counselor and will not have the right to provide confidential counseling.
- I will be expected to follow guidelines as outlined in the HOPE handbook.
- I agree to the terms listed on this Statement of Understanding.

Acknowledgements:

- As the participant's supervisor, I acknowledge they have permission to attend HOPE training and participate in the HOPE Spiritual Fitness Initiative.
- As the participant's commander/designee, I acknowledge they have permission to attend the HOPE training.

Signed:

_____	_____	_____
Signature of Participant	Unit	Date
_____	_____	_____
Signature of Supervisor	Unit	Date
_____	_____	_____
Signature of Commander/Designee	Unit	Date