

2008 MINISTERIAL REQUEST FOR STANDING

Date _____

Please return to: Commission on Ministry, c/o Sharon Stribling, Christian Church in Indiana
1100 West 42nd Street, Indianapolis, IN 46208

Full Legal Name _____ Home Telephone() _____

Home Address _____
Street City Zip

Birthday _____ Wedding Anniversary (if applicable) _____

E-mail _____ Cell Phone _____

If Applicable: Spouse's Name _____ Children's Names _____

Other Family _____

Please check all that apply to you: _____ Licensed Minister _____ Ordained Minister
_____ Congregational Minister _____ Interim Minister _____ Pastoral Counselor _____ Chaplain
(pastor, assoc., etc.)
_____ Higher Ed Faculty/Staff _____ Non-parish Minister _____ Regional Staff _____ Retired*
_____ Minister Returning to School (give details) _____

*If you are fully retired, **only sections 3, 4 and 6 are required.** However, please return it to the Regional Office so that records may be complete.

1. Employment

a. Ministry Related

To what expressions of the Christian Church (Disciples of Christ) are you accountable for the performance of ministry? _____ Local Congregation _____ Regional Church _____ Church Agency or Institution

Name of Position (pastor, teacher, counselor, etc.): _____

Employer _____ Telephone () _____

Address _____ City _____ Zip _____

b. If you are not serving in an active ministry at the present time, are you in the Search and Call Process? _____

Comments _____

c. Other Employment

Employer _____ Telephone () _____

Address _____ City _____ Zip _____

2. Education and Experiences

Name & Location of Institution

Degree Received

Year

a. College _____

b. Seminary _____

c. Other _____

d. Qualifications for Standing include participation in "programs of study, research, growth and renewal." (*Policies and Criteria for the order of Ministry [V.B.3.b]*) Please indicate how you have fulfilled this standard during the past year.

Describe particular challenges or joys in your ministry that you wish to share: _____

Where appropriate, may we share this information with your Area Minister or Regional Elder? Yes ___ No ___

3. Ministerial Credentials (Check One)

a. ___ Licensed Where _____
Congregation City State Expires

b. ___ Ordained Where _____
Congregation City State When

Regional Participation in Ordination Yes ___ No ___ Name of Region _____

c. If ordained in another denomination, please indicate denomination _____
When and where your ordination was recognized by Disciples _____
Date Region

4. Maintenance of Relationship with the Christian Church (Disciples of Christ)

“Standing continues so long as the minister maintains relations with the Christian Church (Disciples of Christ), including participating membership in a recognized [Disciples] congregation in the community, where feasible.” (*Policies and Criteria for the Order of Ministry [V.B.3.c.]*).

a. I am a member of _____
Church Location

b. Participation in the wider Church (Check those that apply in the last year)

___ Area Assembly ___ Camps & Conferences ___ Koinonia or Clergy Retreat
___ Regional Assembly ___ Regional Church Boards, Commissions, Committees
___ Constituency Group Events ___ Disciples Women/Men Events ___ Ecumenical Participation
___ General Assembly ___ General Church Boards, Commissions, Committees
___ Other (specify) _____

5. Affirmations

___ I have read and affirm *My Ministerial Code of Ethics*. (Copy available on website, www.indianadisciples.org)

___ I have read and affirm the Christian Church in Indiana’s *Provisional Principles of Procedure Regarding Sexual Misconduct*. (Copy available on website, www.indianadisciples.org.)

___ I have completed a regionally sponsored workshop on *Healthy Boundaries/Sexual Misconduct Prevention* in the last five years.

Date of Workshop _____ Region _____

6. Signature _____ **Date** _____

By this submission I indicate my desire to receive Ministerial Standing in the Christian Church (Disciples of Christ) through the Christian Church (Disciples of Christ) in Indiana.