ANNUAL MINISTERIAL STANDING REVIEW FOR 2020
CHRISTIAN CHURCH (DISCIPLES OF CHRIST) IN NORTHERN CALIFORNIA/NEVADA

COMPLETE, SIGN, AND RETURN THIS FORM BY November 30, 2020

Explanation: In keeping with The Design of the Christian Church, Regions are responsible for reviewing and certifying the Standing of all ordained and commissioned Disciples clergy each year. When your Standing is acknowledged by the Region, your name is listed in the official Year Book & Directory of the Christian Church (Disciples of Christ) for the ensuing year. Ministers with Standing may call upon the Christian Church for services, support, references, relocation assistance, denominational endorsement, and scholarship aid.

Legal Name: _______________________________
Email: _______________________________

Date I began in Region: _______________________

Ethnic Code (Use "P" for primary and "S" for secondary, Use other for additional information):

___ AA - African American  ___ As - Asian  ___ E - European  ___ Ha - Haitian  ___ Hi - Hispanic
___ M - Middle Eastern  ___ N - Native American/First Nations  ___ P - Pacific Islander
___ O - Other (Please specify: ___________________________________________________)

Circle Yes or No to the following:

- Do you wish to continue your ministerial Standing with the Region? [ ] Yes [ ] No
- I have read and understood the "Ministerial Code of Ethics" [ ] Yes [ ] No
- I have read and understood the "Regional Policy on Clergy Sexual and Ethical Conduct". [ ] Yes [ ] No

I participated in the following Christian Church (Disciples of Christ) events this past year (X all that apply)

[ ] Annual Meeting [ ] General Assembly [ ] Earl Lectures

Other Gatherings: ____________________________________________________________________________________

Offices accepted and/or responsibilities performed during the past year:

Regional: _______________________________________________________________________________________

General _______________________________________________________________________________________

Ecumenical/Interfaith _____________________________________________________________________________

Continuing Education opportunities in which I have participated during the past year (include which Healthy Boundary

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I am/have (please X all that apply):

[ ] Ordained [ ] Commissioned

[ ] Partnership Standing/UCC [ ] Dual Standing With: _______________________________________________

[ ] Interim [ ] Supply [ ] Retired (Active) [ ] Retired (Inactive)

[ ] Currently on disability [ ] Out of ministry
DATE AND PLACE OF ORDINATION OR COMMISSIONING: ________________________________

My present ministerial position: ____________________________________________ Began: ___ / ___ Mo. Yr

Title

Full-time ___ Part-time

Other ministry or secular employment (if any) _________________________________

If you are not serving in active ministry at present, please explain ____________________________

My church membership is with: _____________________________________________

Name of congregation, town/city

My participation includes: _____ Regular worship attendance _____ Leadership (please list)

_____ Other (please explain) ________________________________________________

Ministry address ____________________________

City ___________________ State ____ Zip _____

Ministry phone _____________________________

Ministry e-mail _____________________________

Home address ____________________________

City ___________________ State ____ Zip _____

Home phone _____________________________

Home e-mail _____________________________

For my primary contact information, please use: ___ Ministry Address __ Home Address

Emergency Contact: ____________________________ Relationship: _________ Phone: _______________

CIRCLE EARNED DEGREES: AA   BA/BS   MA   BD   M.Div   D.Min   Ph.D.

Other _____________________________________________________________________________

If you’ve done a doctoral dissertation/thesis/emphasis, please list it below:

________________________________________________________________________________

I receive an annual performance review (evaluation) _____ Yes _____No

My church has an active Pastoral Relations Committee _______Yes _____No

I receive a Sabbatical (describe arrangement)___________________________________________

Additional Comments: __________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Signature __________________________________________________ Date ________________________

Please make a copy of this form for your records

RETURN NO LATER THAN NOVEMBER 30, 2020 TO:

Christian Church of Northern California/Nevada
ATTENTION: Recognition & Standing Committee
9260 Alcosta Blvd., C-22
San Ramon, CA 94583-4143