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

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.

Date _____

Print legal name _____ Year 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: _____)

	YES	NO
Do you wish to continue your ministerial Standing with the Region?		
I have read and understand the "*Ministerial Code of Ethics" and the "Regional Policy on Clergy Sexual and Ethical Conduct".*		

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 <u>past year</u> (include which Healthy Boundary Training Session attended):

Name of Event	# of contact hours	How event enhanced my ministry	I'd recommend it to colleagues

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 (MM/DD/YY) _____

My present ministerial position _____ Began _____/_____
Title Mo Yr

____ 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)

r **Ministry address** _____	**Home address** _____
City _____ State ____ Zip _____	City _____ State _____ Zip _____
Ministry phone _____	Home phone _____
Ministry e-mail _____	Personal 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 _____

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

Please make a copy of this form for your records