

ANNUAL MINISTERIAL STANDING REVIEW CHRISTIAN CHURCH (DISCIPLES OF CHRIST) IN THE UPPER MIDWEST

Explanation: In keeping with **The Design** of the Christian Church (Disciples of Christ), Regions are responsible for reviewing and certifying the Standing of all ordained and licensed Disciples clergy each year. When your Standing is acknowledged by the Region your name is listed in the official *Year Book and 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.

**FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM BY
(Postmarked or Emailed By) January 31, 2012
WILL INDICATE THAT YOU NO LONGER DESIRE STANDING.**

SECTION I – Part A

Name _____ Spouse's Name _____
(First) (Last)

Home Address _____
(Address) (City) (State) (Zip + 4)

Home Phone (____) _____ Cell Phone (____) _____ Personal E-mail _____

Ethnicity: _____

My church membership is in _____
(Church Name and Location)

Are you ordained? _____ By whom? _____ Date _____

Are you licensed? _____ By whom? _____ Date _____
(One is licensed in the CC (DoC) only when one is serving in a position that is ministerial in purpose.)

Are you an *inactive* retired ordained clergy or licensed emeritis clergy? This means you no longer conduct any ministerial duties such as weddings, church services, pulpit supply, etc. **If so, you do not have to fill out the rest of the form.** Yes _____ No _____

SECTION I – Part B

Do you currently have ministerial Standing with the Christian Church (Disciples of Christ) in the Upper Midwest? Yes _____ No _____

Do you wish to continue your ministerial Standing with the Christian Church (Disciples of Christ) in the Upper Midwest? Yes _____ No _____

What year did you begin ministry in the Upper Midwest Region? _____

How many years have you been in your current position? _____

I am engaged in ministry: Full Time _____ Part Time _____ Supply _____ Interim _____

Retired _____ Other (explain) _____

Current Ministry Site: _____
(Name) (Mailing Address) (City) (Zip + 4)

Work Phone (____) _____ Work E-Mail _____ Ministry Website _____

Circle all earned degrees: AA BA/BS MA BD MDiv DMin PhD

Other Degrees: _____

If you have done a doctoral dissertation/thesis/emphasis, please list it below.

What is it about your ministry in the past year that has reconfirmed your call to ministry? Attach an additional statement, if needed, to interpret how your work is ministerial in purpose.

SECTION II – Professional Care & Development

To acquire or continue to hold standing with the CCDOC in the UMW, each pastor will complete 16 hours of continuing education each year. This policy went into effect August 1, 2011, so for the year 2011, only **8 hours need to be completed**. (Inactive retirees are exempt from this.)

Classroom or Seminar-type studies, etc. = 1 credit per 50 minute contact period.
Self-guided study is also acceptable. Reading a book: Approx. 250 pages = 1 credit.

Everyone is different in needs & interests, so the studies and books are chosen at the discretion of the individual. Please fill in your credit hours below: In parenthesis below, you will see the training hours for full attendance at a few particular events:

- | | |
|--|--|
| ___ General Assembly | ___ Seminary Class |
| ___ Called Regional Assembly 04/09/11 (5 hrs) | ___ CPE Unit |
| ___ Congregational Gathering 10/15/11 (5 hrs) | ___ Ecumenical Resource or worship experience |
| ___ Cluster Assembly | ___ Lecture Series |
| ___ Minister's Institute (14 hrs) | ___ Professional Training Seminar |
| ___ School for Congregational Learning (6.5 hrs) | ___ Spiritual discipline retreat |
| ___ Clergy Day Apart(s) (6.5 hrs) | ___ Prepare for & teach learning opportunities
(other than job requirement) |
| ___ Camp Counselor, Director, or Participant | |
| ___ Self-guided study (may be used as 1/2 required hours). List title of book(s) or nature of study: | |

___ **Clergy Boundary Training** (6.5 hrs): Date _____ Location _____ Sponsor _____
All clergy in this region are to have completed clergy boundary training by December 31, 2012.

___ Other continuing education completed: _____

___ **Total Hours Completed in 2011**

List the responsibilities accepted and services performed during the past 12 months.

Cluster _____
Regional _____
General _____
Ecumenical _____

Are you willing to be a faithful minister serving within and supportive of the Christian Church (Disciples of Christ)? Yes _____ No _____

I have read, understand and agree to abide by the following ministry policies of the region (available upon request to Regional office 515-255-3168 or at <http://www.uppermidwestcc.org>):

- The Ministerial Code of Ethics
- The Policies and Criteria for the Order of Ministry
- The Regional Policy on Clergy Sexual and Ethical Conduct
- The Design for the Christian Church (Disciples of Christ)

Furthermore, I understand that these are the operational documents for the Region's Commission on Ministry and are the documents used by the Executive and Standing Unit in determining Ministerial Standing. Yes _____ No _____

******* Personal Disclosure Statement *******

(If the answer to any of the following questions is yes, please attach an explanation.)

1. Have you ever been charged with or convicted of a felony? Yes _____ No _____
2. Have you ever been charged with or convicted of any crime against children or other persons?
Yes _____ No _____
3. Is there any other fact or circumstance in your background that should prevent you from being entrusted with the supervision, guidance, and care of children or youth?
Yes _____ No _____

By signing below I certify the information provided above is accurate.

Signature: _____ **Date:** _____

Your standing will not be approved without this signed disclosure.

Return this form electronically or postmarked no later than January 31, 2012 to:
bsdumw@gmail.com or Exec & Standing Unit - Commission on Ministry, CCUMW, 5064 Lincoln St, Newton, Iowa 50208
PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

For Commission on Ministry use only:

Reviewed by: _____	_____	_____	_____
Approved _____	Pending _____	Denied _____	Updated 04/2011