ANNUAL MINISTERIAL STANDING REVIEW FOR 2016 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.

COMPLETE, SIGN, AND RETURN THIS FORM BY November 30, 2016

t 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 – AsianE – EuropeanHa - Haitia				
M – Middle EasternN – Native American/First NationsP – Pacific	slander			
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)	1		
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> (i Training Session attended):	nclude which I	Healthy Boun	dary	
Name of Event # of contact hours How event enhanced my ministry	I'd recommend	d it to colleagu	ies	
I am/have (please X all that apply):			_	
Ordained Commissioned				
Partnership Standing/UCC Dual Standing With:				
Interim Supply Retired (Act	tive) R	etired (Inactiv	ve)	
Currently on disability Out of ministry				

DATE AND PLACE OF ORDINATION OR COMMISSIONING (MM/DD/YY)			
My present ministerial position	BeganFull-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			
My participation includes: Regular worship attendance Leadership (please list)		ase e	xplain)
^r Ministry address Home address			
City State Zip City	State	_ Zip	·
Ministry phone Home phone			
Ministry e-mail Personal e-mail Personal e-mail			
For my primary contact information, please use : Ministry Address Home Add	ress		
Emergency Contact: Relationship:	Phone:		
CIRCLE EARNED DEGREES: AA BA/BS MA BD M.Div D.Mi			
If you've done a doctoral dissertation/thesis/emphasis, please list it below:			
I receive an annual performance review (evaluation) YesNo My church has an active Pastoral Relations Committee YesNo			
I receive a Sabbatical (describe arrangement)			
Additional Comments:			
Signature Dat	e	· · · · · · · · · · · · · · · · · · ·	
RETURN NO LATER THAN NOVEMBER 30, 2016 TO: ATTENTION: Recognition & Standing Committee Christian Church of Northern California/Nevada 9260 Alcosta Blvd., C-22 San Ramon, CA 94583-4143			

Please make a copy of this form for your records