

## 2017 MINISTERIAL REQUEST FOR STANDING

Please return this form to:

Christian Church in Indiana  
 Attn: Candace Boyd Wylie  
 1100 W 42<sup>nd</sup> St.  
 Indianapolis, IN 46208  
 Fax: (317) 931-2034

Please return this form  
**by October 6, 2016**  
 to indicate your desire  
 for standing for 2017.

For Office Use Only:  
 O/L:  
 PCC:

### I. Contact Information

Please make any needed changes to the contact information below:

Full Name:	Name you go by:

Address:	Home address (if different from address shown):

Phones:

Home:	Work:	Cell:	Other:

Email:

Primary:	Alternate:

### II. Personal Information

Birth Date:	Congregation Where You Currently Hold Membership:
Ethnicity	Ethnic Codes (as requested by the General Commission on Ministry)
<b>AA</b> (African American) <b>As</b> (Asian)	<b>E</b> (European Descent) <b>Ha</b> (Haitian)
	<b>Hi</b> (Hispanic) <b>M</b> (Middle Eastern)
	<b>N</b> (Native American/First Nations) <b>P</b> (Pacific Islander) <b>O</b> (Other)

### III. Ministry Information

Ordination Date:	Ordaining Region:	Ordaining Congregation:

Standing in the Christian Church (Disciples of Christ) in Indiana affirms that an ordained or commissioned minister is presently engaged in the practice of ministry, full or part time, with continuous accountability with a congregation, church related organization, related institution, regional unit of the church or another denomination which has granted concurrent standing. (*Commission on Ministry Order of Ministry Manual of the Christian Church in Indiana (Disciples of Christ)*)

	Ministry-Related
Position	
Employer	
Address	
Phone	
Begin Date	

Other Employment

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To what manifestation of the church are you currently accountable for your ministry?

Local Congregation

Regional Church

Church Agency or Institution

If you are not serving in an active ministry at this time, are you in search and call?

Yes

No

**IV. Experiences**

Qualifications for standing include participation in programs of study, research, growth and renewal. Please describe how you have fulfilled this standard during the past year:

Describe particular challenges or joys that you wish to share:

Please describe your participation in the church beyond the local congregation:

**V. Affirmation**

\_\_\_\_\_ I have read and affirm my *Ministerial Code of Ethics*. (Available at [www.indianadisciples.org](http://www.indianadisciples.org).)

\_\_\_\_\_ I have read and affirm the Christian Church in Indiana's *Provisional Principles of Procedure Regarding Sexual Misconduct*. (Available at [www.indianadisciples.org](http://www.indianadisciples.org).)

\_\_\_\_\_ I have completed a regionally sponsored workshop on *Healthy Boundaries/Sexual Misconduct Prevention* within the past five (5) years.

**Please indicate the date and location of the last Healthy Boundaries workshop you attended.**

\_\_\_\_\_

**VI. Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name