2022 MINISTERIAL REQUEST FOR STANDING

Please return this form to:

Christian Church in Indiana
Attn: *Candace Boyd Wylie*
1100 W 42nd St. Ste 150
Indianapolis, IN 46208
Fax: (317) 931-2034
Email:
candace@indianadisciples.org

Please return this form
by October 15, 2021
to indicate your desire
for standing for 2022.

For Office Use Only:
O/C:

I. Contact Information

Please make any needed changes to the contact information below:

Full Name:	Preferred Name

Address:	Changes Needed

Phones:

Primary:	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)				
	AA (*African American*) **As** (*Asian*)	**E** (*European Descent*) **Ha** (*Haitian*)	**Hi** (*Hispanic*) **M** (*Middle Eastern*)	**N** (*Native American/First Nations*)	**P** (*Pacific Islander*) **O** (Other)

III. Ministry Information

Ordination Date:	Ordaining Region:

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	Other Employment
Employer		
Position		

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

☐ Local Congregation ☐ Regional Church ☐ Church Agency/Institution ☐ Retired

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.)

_____ I have read and affirm the Christian Church in Indiana's *Provisional Principles of Procedure Regarding Sexual Misconduct*. (Available at www.indianadisciples.org.)

_____ I have completed or will complete a regionally sponsored workshop on *Healthy Boundaries/Sexual Misconduct Prevention* every five (5) years.

_____ I have completed or will complete a regionally sponsored workshop on *Anti-Racism Pro-Reconciliation* by Spring 2022.

VI. Signature

_____   _____

Signature/Initials   Date

_____

Printed Name

For OFFICE USE ONLY	
HB	**ARPR**