Please return this form to:

Christian Church in Indiana Attn: <i>Candace Boyd Simmons</i> 1100 W 42 nd St. Ste 150 Indianapolis, IN 46208 Fax: (317) 931-2034 Email:candace@indianadisciples.org	Please return this form by October 13, 2023 to indicate your desire for standing for 2024.	For Office Use Only: O/C:
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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 (<i>Pacific Islander</i>) 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
Employer	
Position	

0	ther Em	ploym	ent		

2024 MINISTERIAL REQUEST FOR STANDING

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 i	n an active ministry at this tim	e, 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 <u>www.indianadisciples.org</u>.)

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* every five (5) years.

VI. Signature

Signature/Initials

Date

Printed Name

	For OFFICE USE ONLY	
НВ	ARPR	