

**2017 REQUEST FOR STANDING**  
**For ministers certified by the**  
**Georgia Commission on Ministry**  
**Of the Christian Church (Disciples of Christ)**

*If you desire to receive and/or continue your Standing you must complete and return this form by December 1, 2016, to: Christian Church in Georgia Commission on Ministry, c/o Denise Bell, Regional Minister, 2370 Vineville Ave Macon, GA U.S.A., 31204 (or FAX..... to or submit on line via [www.gadisciples.org](http://www.gadisciples.org)).*

Name: (Please print legal name):

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(Last)                      (First)                      (Middle)

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Home Address

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City	State Province	Zip Postal Code
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Work Address

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City -	State - Province	Zip- Postal Code
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Please use my  Home Address     Work Address for mail sent to me.

Telephone numbers (include area code) Home \_\_\_\_\_ Work \_\_\_\_\_

FAX \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

Please use my  Home phone     Work phone     Cell phone     Email

Complete applicable information below

1. Ordination by Disciples of Christ: Region \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

2. Ordained by another denomination (Specify denomination) \_\_\_\_\_

Ordination recognized and Standing certified by \_\_\_\_\_ Date \_\_\_\_\_  
 (Region or General Commission on Ministry – GCOM)

3. Commissioned by: Region \_\_\_\_\_ Ministry location \_\_\_\_\_

Expiration Date \_\_\_\_\_

**FORM NEEDS TO BE COMPLETED IN FULL. Retired-Inactive Ministers (not serving a congregation) should complete page 1 and sign at the bottom.**

4. Type of Ministry in which engaged: \_\_\_\_\_ Full-time  Part-time

Title or position: \_\_\_\_\_

Employer: \_\_\_\_\_

If you are not serving in an active ministry at the present time, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Certification for ministry includes participation in “programs of study, growth, and renewal” (Theological Foundations and Policies and Criteria for the Ordering of Ministry – F.2.b.ii.). Indicate programs in which you have participated in the past 12 months:

\_\_\_\_\_

The Christian Church (Disciples of Christ) seeks to be a pro-reconciling anti-racist church. To that end we seek to maintain an understanding of the diversity of the servants who are leading the church in various ministries. Please fill in the ethnicity code(s) that is/are appropriate for you.

African American

Asian

Native American/  
First Nations

Haitian

Hispanic

Pacific Islander

Middle Eastern

European Descent

Other

Anti-Racism and/or Diversity Training:

Yes, I have received diversity and/or anti-racism training?

From Whom? \_\_\_\_\_

No \_\_\_\_\_

Healthy Boundary/Sexual Ethics training (renewal required at least every 5 years):

I have completed Healthy Boundary training in the last five years.

Authorizing entity (Region, General Ministry, Hospital, Military, etc.) \_\_\_\_\_

From Whom? \_\_\_\_\_

No \_\_\_\_\_

Authorizing entity (Region, General Ministry, Hospital, Military, etc)

I have taught healthy boundary training. Date last taught \_\_\_\_\_

When were you last a student in a boundary training class? \_\_\_\_\_

What other training have you had that has enhanced your ministry (e.g. cultural competency)?

\_\_\_\_\_

Describe particular challenges and/or joys in your ministry:

\_\_\_\_\_

\_\_\_\_\_

Describe ways in which you have taken time for:

1. Spiritual renewal:

\_\_\_\_\_

2. Physical fitness and healthy activities:

\_\_\_\_\_

3. Recreation and vacation:

\_\_\_\_\_

Identify ways you stay connected with the Christian Church (Disciples of Christ):

\_\_\_\_\_

In what ways can the Georgia Commission on Ministry support your ministry?

\_\_\_\_\_

\_\_\_\_\_

If you want to share more information, please submit additional page.

Standing for ministers in active service continues so long as the minister does and reports the following: . . . Maintains relations with the Christian Church (Disciples of Christ) including participating membership in a recognized congregation in the community of residence or active ministry where feasible. (Theological Foundations and Policies and Criteria for the Ordering of Ministry F.2.b.iii.)

\_\_\_\_\_

Congregation

Location

Have you ever resigned employment, been asked to resign from official action, had your ministerial or secular employment terminated whether paid or volunteer, or had legal or ecclesiastical action taken against you in whole or in part on allegations of any of the following:

- |                   |  |   |  |
|-------------------|--|---|--|
| Sexual Harassment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Financial Misconduct                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sexual Misconduct | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alcohol or substance abuse                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical Abuse    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Violation of the Ministerial Code of Ethics | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Abuse       | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

If YES to any of the above, please explain on a separate sheet of paper.

All parties (minister, endorser, Regional Minister) shall notify the Georgia Commission on Ministry of any circumstances or situations that may result in a challenge to a person's Standing.

By submitting this form, I express my desire to continue my Standing. The submission also indicates that I have reviewed and will adhere to The Ministerial Code of Ethics, Policies and Criteria for the Order of Ministry of the Christian Church (Disciples of Christ), and the Policies and Procedures for Responding to accusations of Clergy Sexual Misconduct of Persons Engaged in Non-Regional Ministries (Copy enclosed)

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE MAKE A COPY OF THE COMPLETED FORM FOR YOUR RECORDS