

**ANNUAL MINISTERIAL STANDING REVIEW FOR 2007
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 licensed 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.

**FAILURE TO COMPLETE, SIGN, AND RETURN THIS FORM BY
November 16, 2007
WILL INDICATE THAT YOU NO LONGER DESIRE STANDING**

Print legal name _____ Date form completed _____

Signature _____ Year I began in Region _____

	YES	NO
Do you wish to continue your ministerial Standing with the Region?		
I have read and understand the enclosed <i>Ministerial Code of Ethics</i>		
I have read and understand the <i>Regional Policy on Clergy Sexual and Ethical Conduct</i> (as contained in the Order of Ministry Policies posted on the ccncn.org website)		

I participated in the following Christian Church (Disciples of Christ) events this past year (X all that apply)

Annual Meeting
 General Assembly
 Earl Lectures
 Geographical Area Mtgs.
 Clergy Retreat
 Ecumenical/Interfaith Gatherings
 Other: _____

Offices accepted and/or responsibilities performed during the past year:

Geographical _____
 Regional _____
 General _____
 Ecumenical/Interfaith _____

Continuing Education opportunities in which I have participated during the past year (include which Healthy Boundary Training Session attended):

Name of Event	# of contact hours	How event enhanced my ministry	I'd recommend it to colleagues

I am (please X all that apply):

Licensed Ordained Full-time Part-time
 Interim Retired Supply Currently on disability
 Out of ministry **DATE OF ORDINATION OR LICENSING (MM/DD/YY)** _____

My present ministerial position _____ Began _____ / _____
Title Mo Yr

Other ministry or secular employment (if any) _____

If you are not serving in active ministry at present, please explain _____

My church membership is with _____
Name of congregation, town/city

My participation includes: Regular worship attendance Leadership (please list) Other (please explain)

PREFERRED MAILING ADDRESS: Ministry Home

Ministry address _____ Home Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Ministry phone _____ Home phone _____

Ministry e-mail _____ Personal e-mail _____

Emergency Contact: _____ Relationship: _____ Phone: _____

CIRCLE EARNED DEGREES: AA BA/BS MA BD M.Div D.Min Ph.D.
Other _____

If you've done a doctoral dissertation/thesis/emphasis, please list it below: _____

I receive an annual performance review (evaluation) Yes No

My church has an active Pastoral Relations Committee Yes No

I receive a Sabbatical (describe arrangement) _____

RETURN NO LATER THAN NOVEMBER 16, 2007 TO:
Rev. Dr. H. Ben Bohren, Regional Minister
Christian Church of Northern California/Nevada
9260 Alcosta Blvd., C-18
San Ramon, CA 94583-4143

Please make a photocopy of this form for your records.