ANNUAL MINISTERIAL STANDING REVIEW FOR 2017
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 commissioned 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.

COMPLETE, SIGN, AND RETURN THIS FORM BY November 30, 2018

Print legal name ___________________________ Year I began in Region ____________

Ethnic Code (Use “P” for primary and “S” for secondary, Use other for additional information):
___ AA – African American ___ As – Asian ___E – European ___Ha - Haitian ___Hi – Hispanic
___M – Middle Eastern ___N – Native American/First Nations ___P – Pacific Islander
___ O – Other (Please specify: ___________________________________________________)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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Do you wish to continue your ministerial Standing with the Region?

I have read and understand the “Ministerial Code of Ethics” and the “Regional Policy on Clergy Sexual and Ethical Conduct”.

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

____ Annual Meeting ______ General Assembly _____ Earl Lectures

Other Gatherings: _____________________________________________________________

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

Regional __________________________________________

General __________________________________________

Ecumenical/Interfaith __________________________________________

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

<table>
<thead>
<tr>
<th>Name of Event</th>
<th># of contact hours</th>
<th>How event enhanced my ministry</th>
<th>I’d recommend it to colleagues</th>
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I am/have (please X all that apply):

____ Ordained ____ Commissioned

____ Partnership Standing/UCC ____ Dual Standing With: __________________________________

____ Interim ____ Supply ____ Retired (Active) ____ Retired (Inactive)

____ Currently on disability ____ Out of ministry
DATE AND PLACE OF ORDINATION OR COMMISSIONING (MM/DD/YY) __________________________

My present ministerial position ___________________________________________ Began ____ / ____ / _____

Title ________________________________     Mo     Yr

____ Full-time ___ Part-time

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)

<table>
<thead>
<tr>
<th>Ministry address</th>
<th>Home address</th>
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</thead>
<tbody>
<tr>
<td>City _____________ State ____ Zip _____</td>
<td>City _____________ State _____ Zip ____</td>
</tr>
<tr>
<td>Ministry phone ___________________________</td>
<td>Home phone ___________________________</td>
</tr>
<tr>
<td>Ministry e-mail ___________________________</td>
<td>Personal e-mail ___________________________</td>
</tr>
</tbody>
</table>

For my primary contact information, please use: ___ Ministry Address ___ Home Address

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) ______________________________

Additional Comments: ____________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Signature __________________________________________________________     Date ________________________

Please make a copy of this form for your records

RETURN NO LATER THAN NOVEMBER 30, 2018 TO:
ATTENTION: Recognition & Standing Committee
Christian Church of Northern California/Nevada
9260 Alcosta Blvd., C-22
San Ramon, CA  94583-4143