

**2016 Request for Standing for Ministers Certified by
the Christian Church (Disciples of Christ) in the Southwest**

Ministers desiring to maintain their standing in the Southwest Region need to complete and return this form by December 31, 2015, to the Christian Church in the Southwest, or submit online at the link found at ccsw.org/information-and-links page.

This form is for ALL clergy in the Christian Church (Disciples of Christ) in the Southwest (CCSW). Please note: the STARRED items are REQUIRED.

Should you have any questions, you may contact Bonnie Schuler, Office Manager, to assist you at 817-926-4687 or ccsw@ccsw.org.

Full Legal Name*: _____
First Name Middle Name Last Name

Name as it should appear on my 2016 Standing Card*: _____

Primary Phone Number*: _____ __Home __ Cell __ Work

Secondary Phone Number, if any: _____ __Home __ Cell __ Work

Email address, if any*: _____

Home Address*

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ ZIP Code _____

Work Address

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ ZIP Code _____

Please send mail*: __to my Home Address __to my Work Address

Geographic Area in which I **serve**: (or, if retired, where you reside)*

__ Bluebonnet Area __ Coastal Plains Area __ Mission West: Central Area

__ Mission West: Hi-Plains Area __ Mission West: Tres Rios Area __ North Texas Area

__ Northeast Area __ Trinity-Brazos Area

Christian Church in the Southwest

ccsw.org

PO Box 1689, Fort Worth TX 76101-1689, 817-926-4687

ccsw@ccsw.org

In the ORDER OF MINISTRY in the Christian Church (Disciples of Christ) in the Southwest, I serve as:*

___ Ordained by Disciples of Christ: Ordination Region _____ Ordination Date: _____

___ Ordained by another denomination (specify denomination): _____

Ordination recognized and Standing certified on (date): _____

by: _____ Region, or ___ by General Commission on Ministry – GCOM

___ Commissioned in: _____ Area Commission expires: _____

___ Non-Disciples serving / no standing

I currently serve as:* (as designated by GCOM – if serving in multiple ministerial positions, select primary one for reporting to Year Book)

___ Chaplain – institutional ___ Student Associate Minister ___ A RETIRED minister but still active

___ Student Chaplain ___ Non-parish Minister ___ A RETIRED minister – inactive

___ Minister of recognized congregation ___ Music Minister ___ Other: _____

___ Associate Minister ___ Disciple Minister serving non-Disciples congregation ___ Other: _____

___ Interim Minister ___ Minister of Counseling

___ Student Minister ___ Other employment though still preaching

Name of Congregation/Institution you serve: _____

Address of Congregation/Institution you serve: _____

City _____ State _____

Congregation/Institution Website: _____

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 mark the ethnicity choice(s) appropriate for you.

___ African American ___ Haitian ___ European Descent

___ Asian ___ Hispanic ___ Other: _____

___ Native American/First Nations ___ Pacific Islander

___ Middle Eastern

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I have reviewed and will adhere to the Ministerial Code of Ethics of the Christian Church (Disciples of Christ)*
(If you need to review, a link is posted at ccsw.org/information-and-links)

___Yes ___No

I have reviewed and will adhere to the CCSW Clergy Sexual Misconduct Prevention Policy (January 2006 revision).*
(If you need to review, a link is posted at ccsw.org/information-and-links)

___Yes ___No

I will be a faithful minister serving within and supportive of the Christian Church (Disciples of Christ).*
(If you need to review the *Personal Qualifications for the Order of Ministry*, a link for the Theological Foundations and Policies and Criteria for the Ordering of Ministry is posted at ccsw.org/information-and-links and you can read Section II.A.2.)

___Yes ___No

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

In the past year, I have participated in: (please check ALL that apply)

___Personal Spiritual Retreat	___Southwest Hispanic Convention	___Area Leadership Workshop
___Youth, Adult or other Church Camp Experience	___Transformation Event	___District Meeting
___Area/Regional Assembly	___Clergy Retreat	___National Convocation
___TCMF Assembly	___Ministers Week	___Obra Hispana Assembly
		___NAPAD Assembly

Other programs:_____

I have completed Healthy Boundaries/Sexual Ethics training. ___Yes ___No

Where/trainer? _____ Date completed:_____

The Regional Committee on Ministry, at the recommendation of the Clergy Misconduct Oversight Committee, now requires that all clergy, commissioned and ordained (including retired), receive Healthy Boundaries for Clergy Training every five years. Clergy whose last training was prior to December 31, 2010, must complete training by June 30, 2017. Contact your Area for more information.

I have completed diversity and/or anti-racism training. ___Yes ___No

Where/trainer? _____ Date completed:_____

Describe particular challenges and/or joys in your ministry:_____

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Identify ways you are involved with Area, Regional and General Church ministries: _____

Suggest continuing education or creative growth in ministry topics that would support your ministry:

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, Section II.F.2.b.iii.)

I am a member of (congregation and location) _____

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, Theological Foundations and Policies and Criteria for the Ordering of Ministry of the Christian Church (Disciples of Christ) and the CCSW Clergy Sexual Misconduct Prevention Policy (January 2006 revision).

Signature: _____ Date _____