

# Request for 2018 Ministerial Standing

in the Christian Church (Disciples of Christ) in Oklahoma

**DEADLINE:** Rec'd at the Regional Office **12/1/17**

INSTRUCTIONS: You may submit changes to this form by completing a fillable PDF form available at <https://okdisciples.org/clergy/credentialing>. Save the document to your computer, then attach to an email.

**Email:** [standing@okdisciples.org](mailto:standing@okdisciples.org). Or fax or mail the printed document. **Fax:** (405) 283-1668

**Mail:** Atten. Standing • Christian Church in Oklahoma • 301 NW 36th St. • Oklahoma City, OK 73118-8661

| Office Use Only    |                                |
|--------------------|--------------------------------|
| Ord/Comm _____     | Prof Code _____                |
| Reviewed by: _____ | Status: _____                  |
| _____              | <input type="radio"/> Approved |
| _____              | <input type="radio"/> Pending  |
| Notes: _____       | <input type="radio"/> Denied   |

Questions: Larry Willis, Chair, Comm. on Clergy  
[larryjwillis@sbcglobal.net](mailto:larryjwillis@sbcglobal.net) • 580-530-0362

**Full Legal**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Legal First Name Preferred Name Legal Middle Name Legal Last Name Suffix

**OPTIONAL: Disclosure of Self-Identified Ethnicity**

The Christian Church in Oklahoma reports clergy personal information to the Office of Christian Vocation. Ethnicity data are used only for general and over-all statistical purposes. You have the option to provide a "self-identified ethnicity" using the list provided (check all that apply), or select the "Other" category and provide a personal description, or Decline to Answer.

African American \_\_\_\_\_  
 Asian \_\_\_\_\_  
 European descent \_\_\_\_\_  
 Haitian \_\_\_\_\_  
 Hispanic \_\_\_\_\_  
 Middle Eastern \_\_\_\_\_  
 Native American/  
 First Nations \_\_\_\_\_  
 Pacific Islander \_\_\_\_\_  
 Decline to Answer \_\_\_\_\_  
 Other \_\_\_\_\_

Email: \_\_\_\_\_ Update to: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
If Applicable

Home Mailing Address: \_\_\_\_\_  
Street/PO Box City ST Zip

Update to: \_\_\_\_\_  
Street/PO Box City ST Zip

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Update to: \_\_\_\_\_ Update to: \_\_\_\_\_ Update to: \_\_\_\_\_

I am a member of this Oklahoma DOC congregation: \_\_\_\_\_  
City & Congregation Name

I am active \_\_\_\_\_ I am retired \_\_\_\_\_  
 Ordained Min.: Active \_\_\_\_\_ Ordained Min.: Active Inactive \_\_\_\_\_  
 Ordination date: \_\_\_\_\_ Ordaining region: \_\_\_\_\_ Sponsoring congregation: \_\_\_\_\_

Ministerial Position: \_\_\_\_\_ Ministry Site: \_\_\_\_\_  
Title Name of Site City

Commissioned Pastor: \_\_\_\_\_ Position: \_\_\_\_\_ Ministry Site: \_\_\_\_\_ Bi-vocational Pastor: \_\_\_\_\_  
Title Name of Site City

**CONTINUING EDUCATION** List continuing education events for 2017 (min. of 16 clock hrs. required to obtain standing; may be up to 8 hrs. self-directed study).

Event: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Event: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Event: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Event: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Event: \_\_\_\_\_ Hours: \_\_\_\_\_

I have attended a Sexual Ethics/Healthy Boundaries Workshop (6 hrs): Yes No Date: \_\_\_\_\_ Total Hours: \_\_\_\_\_  
Date

I have attended Diversity or Pro-Reconciliation Anti-Racism Training. (Note this is waived for 2018 standing)

I have reviewed and will adhere to the "Ministerial Code of Ethics". Yes No  
 I am willing to be a faithful minister serving within and supportive of the Christian Church (Disciples of Christ). Yes No

**SIGNATURE & DATE REQUIRED**  
 By signing this document, I certify the information provided is accurate.

**PERSONAL DISCLOSURE STATEMENT**

(If any question below is answered Yes [including expungements], please attach an explanation.)

1. Have you ever been charged with or convicted of a felony? Yes No  
 2. Have you ever been charged with or convicted of any crime against children or other persons? Yes No  
 3. Is there any other fact or circumstance in your background that should prevent you from being entrusted with the supervision, guidance, and care of children or youth? Yes No

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

**Your ministry is very important to me and to the Region. I don't get to spend as much time as I would like with each of you, so your responses to the below questions will help me to know what is important in your life and your ministry. These questions are optional however, I would enjoy learning more about you through your responses.**

**Blessings,  
Pam Holt**

1. In your ministry setting, what has brought you the greatest joy in 2017?
2. What Regional Church and/or General Church events have you attended in the last 3 years?
3. Please list any Non-Profit Boards on which you are currently serving.
4. Describe your self care practices.
5. What are your hobbies outside the church?