

# Request for 2019 Ministerial Standing

in the Christian Church (Disciples of Christ) in Oklahoma

**DEADLINE:** Rec'd at the Regional Office **11/23/18**

INSTRUCTIONS: You may submit changes to this form by updating and returning. Or by downloading a fillable PDF form available at [www.okdisciples.org/clergy/credentialing](http://www.okdisciples.org/clergy/credentialing). Please save the document to your computer, complete the form, then email to us. **Email:** [standing@okdisciples.org](mailto:standing@okdisciples.org). **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
_____	<input type="radio"/> Denied (see Note)
Note: _____	

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

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

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Optional

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

Ordained Minister: Active	Ordained Minister Retired: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Commissioned Pastor: Active <input type="checkbox"/>	I am also a Bi-vocational Pastor <input type="checkbox"/>
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Ordination date: \_\_\_\_\_ Ordaining region: \_\_\_\_\_ Sponsoring congregation: \_\_\_\_\_

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

**CONTINUING EDUCATION** List continuing education events for 2018 (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: \_\_\_\_\_

Healthy Boundaries Training: **101** No  Yes  Date: \_\_\_\_\_ Diversity or Pro-Reconciliation Anti-Racism Training has been waived for 2019 standing. It will be required for 2020 standing. Total: \_\_\_\_\_  
**201** No  Yes  Date: \_\_\_\_\_

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

**PERSONAL DISCLOSURE STATEMENT**

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

- Have you ever been charged with or convicted of a felony? Yes  No
- Have you ever been charged with or convicted of any crime against children or other persons? Yes  No
- 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 REQUIRED**

By signing this document, I certify the information provided is accurate.

\_\_\_\_\_  
 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 this year?
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?

First Name

Last Name