

Request for 2025 Ministerial Standing

in the Christian Church (Disciples of Christ) in Oklahoma

DEADLINE: Rec'd at the Regional Office **11/14/24**

If you DO NOT complete this form online, please **email it to:** standing@okdisciples.org.

Mail: Atten. Standing • Christian Church in Oklahoma • PO Box 891140 • Oklahoma City, OK 73189-1140

Questions: Ronnie Hopkins, Chair, Comm. on Clergy
580-744-0603 • pastorh12@gmail.com

Full Legal Name: _____ Pronoun or Gender: _____
Date of Birth: _____
Name: _____
Legal First Name Preferred Name Legal Middle Name Legal Last Name Suffix
Partner/Spouse: _____

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/
 Haitian First Nation _____

Home Mailing Address: _____
Street/PO Box City ST Zip

Cell Phone: _____ Office Phone: _____ Home Phone: _____

Email: _____

Ordained Minister: Active

Ordained Minister
Retired (R-a): Active

Commissioned
Pastor: Active

I am a bi-vocational pastor
 No Yes

Position & Site _____

Ordination date: _____ Ordaining region: _____ Sponsoring congregation: _____

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

I have multiple ministry sites: No Yes

Principal Position: _____ Principal Ministry Site: _____
Title Name of Site Location/City

Secondary Position: _____ Secondary Ministry Site: _____
Title Name of Site Location/City

_____ Title Name of Site Location/City

CONTINUING EDUCATION List continuing education events for 2024 (min. of 16 clock hrs. required to obtain standing; may be up to 8 hrs. self-directed study).

Event 1 _____ Hours: _____

Event 2 _____ Hours: _____

Event 3 _____ Hours: _____

Event 4 _____ Hours: _____

Event 5 _____ Hours: _____

Event 6 _____ Hours: _____

Event 7 _____ Hours: _____

TRAINING REQUIREMENTS

(Minimum 16 clock hrs. required)

Healthy Boundaries: _____ Total: _____

101 No Yes Date: _____

201 No Yes Date: _____

301 No Yes Date: _____

- Yes No 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).

Gen. Assembly Boundaries Yes Date: _____ # Hrs: _____

SIGNATURE & DATE REQUIRED

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

Pro-Reconciliation Anti-Racism (PRAR):

No Yes Date: _____

_____ Date

_____ Signature

