

APPLICATION FOR MINISTERIAL STANDING
ORDER OF MINISTRY: GREAT RIVER REGION
OF THE CHRISTIAN CHURCH (DISCIPLES OF CHRIST)
(Once Initial Status is granted, ministers and candidates fill out an Annual Standing Form)

NAME: _____ DATE: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

PLEASE SUBMIT THE FOLLOWING DOCUMENTS *IF THIS IS YOUR FIRST*
APPLICATION FOR STANDING IN THE ORDER OF MINISTRY

- | | |
|----------------------------------|--|
| ___ Ministry Profile (pages 2-5) | ___ Credo – personal statement about your beliefs (pages 6-7) |
| ___ Recently prepared sermon | ___ Letter of endorsement from the congregation (Board) sponsoring you in seminary, or where your ministry will/does take place. |
| | ___ Transcripts and copies of any current credentials. |

I am seeking standing as a COMMISSIONED minister:

- And will serve _____ Christian Church (DOC) located in _____
_____ or its sponsored ministry.
- On the Alternate Ordination Track:* Seeking ordination through an alternate education plan and will serve _____ Christian Church (DOC) located in _____
_____ or its sponsored ministry.
- On the Seminary Track:* as a Commissioned minister preparing for Ordination at an ATS Accredited School (Name of Church and School): _____

I am seeking standing as an ORDAINED minister:

- On the Seminary Track.* I am a student preparing for Ordination at an ATS Accredited School (Name of School): _____
- On the Apprentice Track:* I am seeking ordination through an Alternate Education Plan. I am serving at _____ Christian Church (DOC) located in _____
_____ or its sponsored ministry.

I am seeking to TRANSFER my Ordained Standing:

- Transfer of Ordained Standing* from (Denomination): _____
- Transfer of Ordained Standing* from _____ Region of the Christian Church (DOC) to the Great River Region CC (DOC). Please request a Letter of Standing from your Regional Minister requesting your transfer of standing. In addition, please fill out the Great River Region Minister Profile on pages 2-5 of this document)

I am seeking ECCLESIASTICAL ENDORSEMENT to pursue Chaplaincy credentialing in a non-Federal institution. Yes _____ No _____

This Ministerial Profile Form is used by the Regional Commission on Ministry in the Great River Region of the Christian Church (DOC). It is confidential and will be kept in your permanent file in the Regional Office. Your signature gives permission for GRR RCOM to use this application for assessment of your Candidacy for the Order of Ministry and in their work with you.

Today's Date: _____ Signature: _____

PERSONAL INFORMATION

Name:	SSN:
Address:	City/State/Zip:
Email address:	Spouse's name:
Home Phone:	Work Phone:
Birthdate:	Birth Place:
Ordained or Commissioned :	Date ordained or commissioned :
By Whom:	Location:
Family Members:	

EDUCATIONAL INFORMATION

Institution	Dates Attended	Degree

Other Significant Training or Work Experiences

Entity	Dates	Certificate

Please use the space below to give information which will help us to know your understanding of the church and its ministry

My faith journey and call to ministry:

My concept of the church's mission today and what it means to be a Disciples minister:

My gifts for ministry including skills, special interests and abilities:

My professional goals and direction:

My Leadership Style (rank 1,2,3,4 preference):

____ I take primary initiative and responsibility ____ I share responsibility with laity
____ I expect laity to take primary responsibility ____ I use each effectively when appropriate

Initials _____

My ministry would be most satisfying if I was able to prioritize various ministerial duties as follows. (1, 2, 3, 4, etc., in each category)

A. Teaching Ministry

- Ecumenical and Interfaith Activities
- Education Program
- Evangelism
- Involvement in mission in the local community
- Involvement in mission beyond the local community
- Responsibilities and relationships with the CCDOC both regional and general
- Teaching

B. Administrative Ministry

- Administrative Leadership
- Congregational Communication
- Evaluation of program and staff
- Minister's personal creativity and resourcefulness
- Planning Congregational Life
- Stewardship and commitment program

C. Pastoral / Priestly Ministry

- Congregational Fellowship
- Congregational home visitation
- Corporate Worship
- Counseling
- Hospital and Emergency visitation
- Proclamation of the Word
- Spiritual development of members

Present or most recent ministry position:

Congregation:	
Region:	
Office Address:	
City/State/Zip:	
Office phone:	
Position:	
Date began:	
Date ended (if applicable)	

Previous ministerial service			
Congregation	Position	Began	Ended

District/Area/Regional/General/Ecumenical service with dates:			
Organization	Position	Began	Ended

Community organization or service with dates:			
Organization	Position	Began	Ended

CREDO: What you believe

A credo is simply that, a description of what you believe. Over the millennia, theologians have called this “systematic theology”. What the Regional Commission on Ministry is interested in at this point in your faith journey is what YOU believe about the basic tenets of Christianity and how they fit together. **Using this page as a guide**, put into words what you believe about each of the following, and how they fit together in your perspective of faith: God, Jesus, the Holy Spirit, the church, humanity, prayer, worship, baptism, and communion and leadership in the church. This statement will help us assess what types of educational experiences might be helpful to you in supporting and grounding your ministry.

God:

Jesus:

Holy Spirit:

The Church:

Humanity:

Prayer:

Worship:

Baptism:

Communion:

Leadership in the church:

Other comments you would like to share, or questions you would like to ask:

Do you give us permission to do a background check? Yes___ No___

Applicant, please fill out the following “REFERENCES” section and return with your application – the last two pages of this application should be copied/sent to your references and they should send your letters of reference directly to the Regional Office at the address below.

REFERENCES				
Name	Occupation	Address	City, ST, Zip	Phone

Please complete and submit this form and all other required documents to:

The Regional Commission on Ministry
Great River Region of the Christian Church
9302 Geyer Springs Rd
Little Rock, AR 72209

All Reference Letters should be returned directly to the Regional Office, address is on the Reference form

Initials _____

REFERENCE FORM for _____

Print Clergy Applicant's Name here

TO THE APPLICANT: Give one of these forms to each of the persons you have listed in your application for candidacy, include at least your local pastor, another pastor or lay leader, present employer and someone who knows you well and is familiar with your skills.

TO THE REFERENCE: Please complete this form and return it **directly** to the regional office:

The Great River Region of the Christian Church (Disciples of Christ)
9302 Geyer Springs Road
Little Rock, AR 72209 – or –
 Email: **wendy@grrdisciples.org**

APPLICANT'S NAME _____ **DATE** _____

REFERENCE'S NAME _____

REFERENCE'S ADDRESS _____

 City, State, Zip

 Phone

	Above Average	Average	Below Average	Do not know
Pastoral qualities (<i>genuine interest and concern for people, accessible, gives consistent care to all</i>)				
Knowledge of the program of the Christian Church and commitment to it				
Maturity (<i>Spiritual, ethical, intellectual, emotional</i>)				
Resourcefulness and creativity				
Willingness to work hard				
Skill in administration				
Skill in Christian Education				
Skill in leadership development				
Preaching ability				
Ability to develop and lead public worship				
Commitment to stewardship				
Commitment to social justice				
Commitment to personal, professional and spiritual growth				
Professional interest and concern (<i>use of newsletters, media, etc.</i>) to communicate church program				
Demonstrates an understanding of, and a capacity to articulate the Christian faith				

Initials _____

How long have you known the applicant? _____

In what relationship? _____

Please indicate in a manner of your own choosing your estimate of her/him in the following categories:

1. Character (*moral integrity, general behavior*): _____

2. Emotional stability and flexibility: _____

3. Personality: _____

4. Appearance and presence: _____

5. Family: _____

Please give any comments that would assist the Regional Commission on Ministry (RCOM) in making a decision regarding this person.

Signature _____ Date completed _____

Initials _____