

2021 Request for Ministerial Standing:  
Commissioned Ministers



**Christian Church**  
(Disciples of Christ)  
in Nebraska

**COMPLETE, SIGN, AND RETURN BY  
January 15, 2021**

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Include Spouse's/Partner's Name in Directory? Yes \_\_\_\_\_ No \_\_\_\_\_

**MINISTRY INFORMATION**

Position of Ministry (e.g., pastor, counselor, chaplain, instructor): \_\_\_\_\_

Name of Ministry Site(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

City/ies: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ministry Status:  
\_\_\_\_\_ Commissioned  
\_\_\_\_\_ Retired Commissioned – Active  
\_\_\_\_\_ Retired Commissioned – Inactive

Date Commissioned: \_\_\_\_\_

\_\_\_\_\_ I would ask that I be included in the Pulpit Supply list (Retired-Inactive ministers are not permitted to perform this service – see [3])

What Year Did You Begin Ministry in Nebraska: \_\_\_\_\_

Other Employment – Name of Employer: \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

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**CONNGREGATIONAL PARTICIPATION**

Congregation of Active Membership: \_\_\_\_\_

City/State: \_\_\_\_\_

If not Disciples Congregation, note the denominational affiliation: \_\_\_\_\_

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**STANDING STATUS**

Region In Which You Currently Have Standing: \_\_\_\_\_

I wish to: \_\_\_\_\_ Continue My Ministerial Standing

\_\_\_\_\_ Discontinue My Ministerial Standing

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**REGIONAL AND GENERAL CHURCH INVOLVEMENT [4]**

\_\_\_\_\_ Regional Assembly

\_\_\_\_\_ Obra Hispana

\_\_\_\_\_ Disciples Men's/Women's Ministry

\_\_\_\_\_ National Convocation

\_\_\_\_\_ Commission/Committee/Task Group

\_\_\_\_\_ NAPAD

\_\_\_\_\_ Cotner College Board of Directors

\_\_\_\_\_ General Church Committees/Commissions

\_\_\_\_\_ Kaleo on the River Board and/or  
Youth and Outdoor Ministries/Committee

\_\_\_\_\_ Ecumenical Ministries

\_\_\_\_\_ Camp Counselor

\_\_\_\_\_ Interfaith Ministries

\_\_\_\_\_ General Assembly

\_\_\_\_\_ Community Ministries/Services

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**REQUIRED TRAININGS [5]**

\_\_\_\_\_ Boundary/Ethics Trainings Date: \_\_\_\_\_ (of last training)

\_\_\_\_\_ Anti-Racism/Pro-Reconciliation Date: \_\_\_\_\_ (of last training)

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**CONTINUING EDUCATION [6]**

Name of Class/Workshop/Conference/Event: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Class/Workshop/Conference/Event: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Class/Workshop/Conference/Event: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Recommended Reading: \_\_\_\_\_

Name of Recommended Reading: \_\_\_\_\_

Name of Recommended Reading: \_\_\_\_\_

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### **SPIRITUAL GROWTH**

I do the following things to attend to my spiritual life (check all that apply):

- \_\_\_\_\_ Daily Prayer
- \_\_\_\_\_ Daily Meditation
- \_\_\_\_\_ Daily Reading/Devotional
- \_\_\_\_\_ Daily Journaling
- \_\_\_\_\_ Quarterly/Semi-Annual/Annual Spiritual Retreat
- \_\_\_\_\_ Monthly/Quarterly Spiritual Direction
- \_\_\_\_\_ Pastoral Peer Group (with spiritual formation as focus)

Practices and Resources that you would share with colleagues: \_\_\_\_\_

\_\_\_\_\_

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### **SELF-CARE**

- \_\_\_\_\_ Regular Exercise
- \_\_\_\_\_ Good Nutrition and Eating Habits
- \_\_\_\_\_ Plenty of Rest
- \_\_\_\_\_ Weekly Day Off (that you try to honor)
- \_\_\_\_\_ Take All Vacation that you are due
- \_\_\_\_\_ Active with a Hobby
- \_\_\_\_\_ Pastor/Peer Group (fellowship focused)

Would you like any support from the Pastoral Leadership Commission and/or Regional Minister related to:

- \_\_\_\_\_ Training for Pastoral Relations Committee
- \_\_\_\_\_ Planning for a Sabbatical
- \_\_\_\_\_ Annual Performance Review

What would you like the Pastoral Leadership Commission to know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### **PROFESSIONAL TRAINING AND/OR CERTIFICATION**

- |                                |  |
|--------------------------------|--|
| _____ Pastoral Counselor       | _____ Boundary Leader Training               |
| _____ Chaplain                 | _____ Church Revitalization Training         |
| _____ Interim Ministry Network | _____ Conflict Facilitation and Mediation    |
| _____ Spiritual Director       | _____ Grant Writing                          |
| _____ Website Technology       | _____ Pro-Reconciliation/Anti-Racism Trainer |
| _____ Appreciative Inquiry     |  |

**SELF-EVALUATION QUESTIONS**

1. Please take a few minutes to describe your relationship, including concerns and/or questions, with:

a. Board/Cabinet and Committees: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

b. Elders and Deacons: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

c. Other groups – men’s, women’s, youth: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

2. Please provide the PLC with a sense of how you see yourself in each of the following areas:

**Strengths:**

**Growth needed:**

<b>Preaching</b>		
<b>Pastoral Visits</b>		
<b>Counseling</b>		
<b>Committees and Organizations</b>		

3. How do you personally exhibit genuine concern for people in your congregation? (What kind of activities do you do with your parishioners?) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

4. Is there anything that else that you would like the Pastoral Leadership Commission to know, and/or like them to offer/provide? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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**YEAR BOOK DIRECTORY INFORMATION**

Please indicate how you would prefer to be identified:

AA – African American  
HA – Haitian  
N – Native American/First Nations

AS – Asian  
HI – Hispanic  
O – Other  
E- European Descent

M – Middle Eastern  
P – Pacific Islander

\_\_\_\_\_ Enter Initials

If the answer to the following is “yes,” 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, youth, or other vulnerable populations?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

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**I AFFIRM**

\_\_\_\_\_ That the information provided above is true and accurate.

\_\_\_\_\_ That it is my responsibility to read, understand, and abide by:

- \_\_\_\_\_ Policies and Criteria for the Order of Ministry in the Christian Church (Disciples of Christ)
- \_\_\_\_\_ Ministerial Code of Ethics
- \_\_\_\_\_ The Regional Policy on Clergy Sexual Misconduct
- \_\_\_\_\_ The Regional Policy on Clergy Misconduct (Non-Sexual)

\_\_\_\_\_ That I understand the operational documents of the Pastoral Leadership Commission

**Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**COMPLETE, SIGN, AND RETURN BY  
January 15, 2021**

**Received in Office:** Date: \_\_\_\_\_ By: \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_

Date: \_\_\_\_\_ **Approved:** \_\_\_\_ **Pending\*:** \_\_\_\_ **Denied:** \_\_\_\_

**\*Further Reviewed By Pastoral Leadership Commission:** \_\_\_\_\_

Date: \_\_\_\_\_