

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 apprentice Ordination Track:* as a Commissioned Minister 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): _____

I am seeking **ECCLESIASTICAL ENDORSEMENT to pursue Chaplaincy credentialing:**

- Seeking Chaplaincy Credentialing.*

This Ministerial Profile Form is used by the Regional Committee 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:		
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

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

REFERENCES:				
Name	Occupation	Address	City, ST Zip	Phone

Please ask each person providing a reference for you to respond to the following questions and send to:

Great River Region, 4724 Hillcrest Avenue, Little Rock, AR 72205

Email: kristen@grrdisciples.org Fax: 501-562-7089

- 1) How long and in what capacity have you known this candidate?**
- 2) What are his/her gifts for ministry?**
- 3) What are his/her growing edges, or things he/she will need to learn?**
- 4) Please comment on his/her maturity and relational skills.**
- 5) Are you aware of any civil, criminal or legal issues in his/her past? If so, in what city, county, parish, state?**
- 6) What are your hopes or dreams for his/her call to ministry?**

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 Committee 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___

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

The Regional Committee on Ministry
Great River Region of the Christian Church
4724 Hillcrest Avenue
Little Rock, AR 72205

Initials _____

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76006, 800-743-6354, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

<p><u>State of Washington applicants and employees only:</u> You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.</p>
<p><u>Massachusetts and New Jersey applicants and employees only:</u> You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.</p>
<p><u>New York applicants and employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><u>Minnesota applicants and employees only:</u> You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><u>Oklahoma applicants and employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><u>California applicants and employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>

Signature: _____ Date: _____

Print Name: _____
First Middle Last

Maiden Name (if applicable): _____

Address: _____
Street City State Zip

Social Security Number: _____ * Date of Birth: _____ *

*This information will be used for background screening purposes only.

Driver's License Number: _____ DL State: _____

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Background Check Consent Form
Gen Consent 09292015



Initials _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____ (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76006, 800-743-6354, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.