

**Request for Exemption
Clergy Sexual Ethics Policy
Oregon-Idaho Annual Conference of The United Methodist Church**

Exemption from the documentation and training requirements of the *Oregon-Idaho Annual Conference Sexual Ethics Policy for Clergy* may be granted by the Bishop or a District Superintendent for a clergy person who does not or cannot perform the functions of the ministerial office. See *The Book of Discipline 2016* for a complete listing of ministerial duties: ¶328 The Ministry of a Deacon, ¶340 Responsibilities and Duties of Elders and Licensed Pastors. This exemption covers the requirements to complete the annual policy test and the Annual Disclosure Form.

Name: _____

Address: _____

Phone: _____ Email: _____

Status: Retired: _____ Honorably Located: _____

Charge Conference: _____

I am requesting exemption from the Clergy Sexual Ethics testing. I do not or cannot perform the ministerial functions as enumerated in The Book of Discipline, ¶328 The Ministry of a Deacon, ¶340 Responsibilities and Duties of Elders and Licensed Pastors.

I agree to not perform any functions of the ministerial office, including, but not limited to, preaching, teaching, pastoral counseling, spiritual direction, visitation, performing marriages or baptisms, presiding at communion or funerals, leading a ministry committee, mentoring confirmands or lay leaders. I understand that I am required to continue to make annual reports to my charge conference and to let them know that I am limited in my activities because of this exemption.

If I intend to engage in any of these activities or other activities of the ministerial office, I agree that I will give up my exemption and that I will contact my district or episcopal office in order to take and pass the Sexual Ethics Policy test and complete an Annual Disclosure Form.

Signature of Clergy person or Representative

Printed name of Representative: _____

Relationship to Clergy person: _____

Date: _____

For Cabinet use only

Official Authorization

Exemption granted by: _____

Print name and title: _____

Date: _____