

Date received _____
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**R.I.M. REPORT FORM FOR THE BOARD OF ORDAINED MINISTRY
Iowa Annual Conference**

(To be completed by the R.I.M. Group Facilitator)

Please send one copy of the completed form to:

___ Office of Ministerial Services (Continuing provisional membership, ordination and full membership. Two years of R.I.M. participation is required for associate membership.)

___ Chair of District Committee on Ordained Ministry (For Local Pastors only)

___ District Superintendent (All)

MUST BE SENT IN BY JANUARY 8th.

Confidentiality must be maintained and respected within the covenant group relationship. Conference personnel and agencies must respect the confidential nature of the covenant group. All parties should take special care to avoid casual violations of confidentiality, which have the potential of undercutting individual relationships and the process of covenant.

Covenant Group Facilitator(s) _____

Covenant Group Participant _____

Number of times this R.I.M. group has met since Annual Conference _____

Number of times this participant was present _____

Signature of Facilitator(s)

_____ Date _____

_____ Date _____