

REPORT OF PASTOR Illinois Great Rivers Conference

This report should cover as fully as possible the work of the pastor. If additional space is needed, use extra sheets of white paper the same size as this form.

CHURCH:		PASTOR:	
CHARGE:		DISTRICT:	Iroquois River
For the period beginning:		and ending:	

Enter Month/Day/Year

Enter Month/Day/Year

- I. **Membership** (§231, 247.15, **2008 Discipline**). Please list names of those whose membership has changed.
- (a) Who have been received into membership since January 1, 2009? (Recorded as a supplement in these categories)
- 1) Baptized Members
 - 2.) By Profession of Faith: Adults _____; Youth _____
 - 3.) Transferred from another Denomination
 - 4.) Transferred from another United Methodist Church.
- (b) Who have been removed from membership since January 1, 2009? (Recorded as a supplement.)
- (c) Have the membership roles been audited?
- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

II. On a separate sheet report the state of the church and give an account of pastoral ministry as required by **The Book of Discipline, 2008** (§340.3.b.2). Please address how you are leading to develop a disciple-making system in your congregation. Also, please mention the resources you are using. (New Streams, etc.).

III. **Continuing Formation and Spiritual Growth for 2009**(§350.1, **2008 Discipline**).

1. Give a brief description of your Continuing Formation and Spiritual Growth experience completed this year and your personal evaluation of each, to include their value to the mission of the church. (Record as a supplement if additional space is needed.) Please check those that apply to you.
- Assigned values:

<input type="checkbox"/>	College of Christian Life	1 Unit	(The Following Do Not qualify for Continuing Education Credit)	
<input type="checkbox"/>	School of Evangelism	1 Unit	<input type="checkbox"/>	Covenant Discipleship Group
<input type="checkbox"/>	School of Christian Mission		<input type="checkbox"/>	Connectional Table Education Event
<input type="checkbox"/>	Weekend School	1 Unit	<input type="checkbox"/>	Covenant Keepers
<input type="checkbox"/>	Four-Day School	2 Units	<input type="checkbox"/>	Marriage Encounter
<input type="checkbox"/>	Five Day Academy for Spiritual Formation	3 Units	<input type="checkbox"/>	Quadrennial Training in Sexual Ethics
<input type="checkbox"/>	School of Congregational Development	4 Units	<input type="checkbox"/>	Study/Discussion Events/Group
<input type="checkbox"/>	Disciple Bible Study Training	1 Unit	<input type="checkbox"/>	Walk to Emmaus
<input type="checkbox"/>			<input type="checkbox"/>	Other (please list)
<input type="checkbox"/>			<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	

2.

Total Number of Units		(Required: one unit per year) (10 hours supervised study = 1 unit)
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3. Give plans you may have for 2010 and/or beyond. (Record as a supplement if additional space is needed.)
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4. How were expenses met this past year?

\$	Conference Continuing Education Funds
\$	Local Church Budget
\$	Other Scholarships
\$	Personal Contribution

5. Have you attended training for the prevention of Sexual Misconduct this quadrennium (2009 through 2012)?

Yes	<input type="checkbox"/>	Date Attended	
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Signed:	
Date:	

Month/Day/Year

(Four copies: District Superintendent, Pastor, Recording Secretary, and Witness Chairperson)