

# ASSOCIATION OF COVENANT SPIRITUAL DIRECTORS

## APPLICATION FOR RENEWED MEMBERSHIP

(circle one)

Full Membership

Associate Membership

Student Membership

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### CHURCH

Name of the church you are serving/attending including the church address (Covenant church if renewing for Full Membership)

\_\_\_\_\_

### SPIRITUAL DIRECTION BACKGROUND

Where did/are you receive/ing your spiritual direction training?

\_\_\_\_\_

Are you a member of an ECC regional Network of Spiritual Directors?

- Yes
- No
- I would like to learn more about becoming a member of an ECC regional Network of Spiritual Directors (see link on ACSD website for regional conference Network contact people under *Finding a Spiritual Director*)

Describe briefly the setting in which you are currently ministering. What ministry commitments offer you the greatest joy? What are one or two areas of your current setting that are challenging or perplexing to you? (use back of form as needed)

\_\_\_\_\_

What is your present work in Spiritual Direction? Please describe briefly (use back of form as needed)

\_\_\_\_\_

Write about anything else you would like us to know about you. (use back of form as needed)

\_\_\_\_\_

### MEMBERS OF THE ASSOCIATION OF COVENANT SPIRITUAL DIRECTORS:

- I confess faith in Jesus Christ
- I have reviewed, agree with and practice the [ECC Ethical Guidelines for Spiritual Directors](#) (found on our resource page)
- I have reviewed and agree with the [Covenant Affirmations](#) (found on our resource page)
- I have reviewed, agree with and practice the [ECC Boundaries Orientation](#) (found on our resource page)
- I agree to participate in continuing education opportunities for SD (i.e. retreats, workshops, trainings, etc.)

I receive spiritual direction from \_\_\_\_\_

I receive supervision

- Individual
- Group

I am a trained Supervisor for Spiritual Directors (Full and Associate Memberships only)

- Yes – Where did you receive your training in Supervision? \_\_\_\_\_
- No

*When the application process is complete, instructions will be given about remitting \$20 annual ACSD dues.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_

**Please email or send completed application to:**

ECC/Make and Deepen Disciples  
8303 W. Higgins Road  
Chicago, IL 60631

[acsd@covchurch.org](mailto:acsd@covchurch.org)

For office use only:

\_\_\_\_\_ Application for Renewed Membership

\_\_\_\_\_ Annual dues paid for \_\_\_\_\_  
(year)