

ASSOCIATION OF COVENANT SPIRITUAL DIRECTORS

APPLICANT RECOMMENDATION LOCAL CHURCH REFERENCE FORM

Applicant Name _____

Church or Recommending Body:

(Note: Must be a Covenant church for those applying for Full Membership into the ACSD.)

Church Name _____

Church Address _____

Church Email _____

The above applicant is a member of our congregation and has made a presentation of the ministry of spiritual direction, and of his/her interest in becoming a member of the Association of Covenant Spiritual Directors. On the basis of our discernment of call, giftedness and spiritual maturity, we recommend that the association accept this person as a member.

Signed (Pastor or Church Chair) _____

Date _____

Please mail to:

ECC – Finance

Attn: ACSD Membership 8303 W.

Higgins Rd.

Chicago, IL 60631

Or electronically to: admin@eccacsd.org

Any additional comments regarding this applicant's qualifications welcome here: