

# 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:

Attn: ACSD Membership

Dave Bonselaar

160 Spring Ridge Ct

Roswell, GA 30076

Or electronically to: [admin@eccacsd.org](mailto:admin@eccacsd.org)

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