

ASSOCIATION OF COVENANT SPIRITUAL DIRECTORS

APPLICANT RECOMMENDATION

PERSONAL REFERENCE FORM

Applicant Name _____

Address _____

Reference Name _____

Address _____

Phone _____ Email _____

The applicant has been asked to provide you with this form and a brochure describing the ministry of Spiritual Direction. Please complete the questions below and return this reference form at your earliest convenience.

Please mail to:

Attn: ACSD Membership

Dave Bonselaar

160 Spring Ridge Ct

Roswell, GA 30076

Or electronically to:

admin@eccacsd.org

1. How long and in what context have you known the applicant?

2. What experience and gifts do you observe in the applicant that you believe recommend him/her to the ministry of spiritual direction?

3. In your opinion, does the applicant show above average maturity in spiritual matters, have a teachable spirit, and show an ability to reflect spiritually on the complexities of life?

4. What are some areas where you see possibilities for further growth and development in this applicant?

5. Please give any further information about the applicant regarding recommendation for this ministry.