

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 _____

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.

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

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