

ASSOCIATION OF COVENANT SPIRITUAL DIRECTORS

APPLICANT RECOMMENDATION

NETWORK REFERENCE FORM

Applicant Name _____

Regional Conference SD Network _____

Name _____

Role _____

Address _____

Email _____

The above applicant is currently a committed (covenanted) member of our _____ Conference Spiritual Direction Ministry.

On the basis of our discernment of call, giftedness and spiritual maturity, we recommend that the association accept this person as a member.

Signed (Network Officer) _____

Date _____

Please mail to:

Attn: ACSD Membership
c/o River Life Covenant Church
4401 A St.
Sacramento, CA 95819

Or electronically to:

admin@eccacs.org

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