

ASSOCIATION OF COVENANT SPIRITUAL DIRECTORS

APPLICATION FOR FULL MEMBERSHIP

Name _____

Mailing Address _____

Preferred Phone Number _____

Email _____

CHURCH

Name of the Covenant church you are serving/attending including the church address

SPIRITUAL DIRECTION BACKGROUND

Where did you receive your spiritual direction training?

Are you a member of an ECC regional Network of Spiritual Directors?

- Yes
- No
- I would like to learn more about becoming a member of an ECC regional Network of Spiritual Directors (see link on ACSD website for regional conference Network contact people under *Finding a Spiritual Director*)

Describe briefly the setting in which you are currently ministering. What ministry commitments offer you the greatest joy? What are one or two areas of your current setting that are challenging or perplexing to you? (use back of form as needed)

What is your present work in Spiritual Direction? Please describe briefly (use back of form as needed)

Why are you seeking involvement in the Association of Covenant Spiritual Directors? (use back of form as needed)

Write about anything else you would like us to know about you. (use back of form as needed)

MEMBERS OF THE ASSOCIATION OF COVENANT SPIRITUAL DIRECTORS:

- I confess faith in Jesus Christ
- I have reviewed, agree with and practice the [ECC Ethical Guidelines for Spiritual Directors](#) (found on our resource page)
- I have reviewed and agree with the [Covenant Affirmations](#) (found on our resource page)
- I have reviewed, agree with and practice the [ECC Boundaries Orientation](#) (found on our resource page)
- I agree to participate in continuing education opportunities for SD (i.e. retreats, workshops, trainings, etc.)
- I have completed a one-time background check through the ECC
 - Yes
 - I agree to complete this in a timely manner

I receive spiritual direction from _____

I receive supervision

- Individual
- Group

I am a trained Supervisor for Spiritual Directors

- Yes – Where did you receive your training in Supervision? _____
- No

When the application and reference processes are complete, instructions will be given about completing a background check and remitting First Time Membership ACSD dues of \$25.

Signed _____

Date _____

Approved _____

Date _____

Please email or send completed application to:

ECC/Make and Deepen Disciples
8303 W. Higgins Road
Chicago, IL 60631

acsd@covchurch.org

For office use only:

- _____ Application for Full Membership
- _____ Local Church reference form
- _____ Network reference form (for members of regional Networks)
- _____ Personal reference form