

ASSOCIATION OF COVENANT SPIRITUAL DIRECTORS

APPLICATION FOR ASSOCIATE MEMBERSHIP: 2016

Name _____

Mailing Address _____

Preferred Phone _____

Email _____

Check all boxes that apply:

APPLYING FOR ASSOCIATE MEMBERSHIP

Member of regional conference spiritual director's network: _____ Conference

Member of a local congregation

Completed spiritual direction training

Program _____

Program web site _____

Certificate or Degree _____

Name of church serving/attending _____

Church Address _____

2016 ACSD ASSOCIATE MEMBERSHIP CRITERIA

Each member of the Association of Covenant Spiritual Directors shall:

Confess faith in Jesus Christ

Agree with "Covenant Affirmations" (CovChurch.org/who-we-are/beliefs/affirmations)

Be a member of a local church

Receive spiritual direction from _____

Receive supervision from _____

Participate in continuing education opportunities for SD (retreats, training, etc.)

Agree with and practice the ECC Ethical Guidelines for Spiritual Directors

Agree with and practice an ECC Boundaries Orientation

Have submitted all required reference forms

When the application process is complete, instructions will be given about taking a background check through the ECC and about paying \$15 annual dues and \$15 background check fee.

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 Associate Membership
_____ Local church reference form
_____ Network reference form (for members of regional conference SD networks)
_____ Conference superintendent reference form, personal reference form and application addendum form (for non-network applicants)