

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

Or electronically to:
acsd@covchurch.org

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