CANADIAN FELLOWSHIP OF CHRISTIAN SPIRITUAL DIRECTORS ASSOCIATION APPLICATION

Please download first, open with Adobe Reader, fill in fields, then 'Submit Application'

Title:	Mr.	Mrs.	Miss	Ms	Dr.	Rev.	Other		
Last Name									
First Name									
Age - Birth/Day									
Denomination/Religious Affiliation:									
Partnership Applying for:									
F	ull Partnership		Supervisor						
Д	Associate Partnership								
Ρ	artner-in-Trainir	Ig							
Mailing Address									
Street/Box Number									
City/Town		Province			Postal Code				
Phone Number (Daytime)				Phone N	Phone Number (Evening)				
Phone Number (Mobile)									
(For CFCSD administrative contact only)									
Preferred Email Address									
EDUCATIONAL INFORMATION									
Institution									
Is this Instit accrediting	ution accredited authority?	through a reco	gnized		Yes	No	Unsure		
Provide Certificate:									
I will attach a certificate when I Submit Application below									
I will be forwarding a copy of the certificate by surface mail									

Please provide information regarding your spiritual formation/spiritual direction or related field of education only.

HIGHEST LEVEL OF EDUCATION								
DEGREE								
Certificate								
VOCATIONAL INFORMATION								
What profession do you practice? (ie. Spiritual director, Pastor/Minister, Priest, Counsellor, Other)								
Are you currently practicing? Yes No								
DOCUMENTS & DECLARATION								
I have read and understand the following and will affirm and uphold them in my spiritual direction work:								
CFCSD Statement of Faith								
CFCSD Statement of Professional Ethics for Spiritual Directors								
I have completed the following checks (within 5 years):								
Criminal Record Check								
Vulnerable Persons Check								
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I have active membership in another association	Yes	No						
Name of association:								
I also affirm that the information provided in this application is accurate and true.								
Signed	Date	Date						
Payment Information								
Payment for fees for the period June 1 to May 31								
\$50 Full/Associate Partnership, \$30 Partner-in-Training Cheque or Money order by mail								

Payable to:

Canadian Fellowship of Christian Spiritual Directors,

16-1 Lakeside Dr.,

St. Catharines, ON L2M1P3

Intra bank services (for information email: <u>membership@christianspi</u>ritualdirectors.ca)