



The Military Spouse Coach®
Support, strategies and solutions for career and life

Wells Consulting Services, LLC
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CLIENT INFORMATION AND AGREEMENT FOR COACHING POLICIES AND PROCEDURES

Welcome! Thanks for choosing to work with me as your coach. I look forward to this journey together and to assisting you in accomplishing your goals. Please complete the client information sheet and read my agreement for coaching policies and procedures. Then, please sign the agreement and return a copy to me by mail or fax (860) 521-4060.

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

What is the best way to contact you?

Home phone Work phone Cell phone Email

Current or Recent Employment:

Employer: _____

Title: _____

Been with this employer since: _____

Brief description of duties: _____

Date of birth: _____

Religion (optional): _____

Marital status: _____

Number of children and their ages (if applicable): _____

Date you can start coaching: _____

Length of commitment: _____

COACHING POLICIES AND PROCEDURES

PAYMENT

Your coaching investment is \$_____.

You agree to pay **Wells Consulting Services, LLC**

- **Per Session** based on the above coaching and assessment fees.
- **Monthly: due on the first of the month, for that month's coaching.** Coaching cannot begin until this agreement is signed. **Please make checks payable to Wells Consulting Services, LLC**

COACHING SESSION PROCESS

Our coaching will take place

- At my Hartford, CT office location (860.727.1100 extension 2).
- Via local phone (860.521.8422) for our scheduled sessions.
- Via my toll-free phone (866.521.8422) for your convenience. The cost of the call will be added to your coaching invoice.

EXTRA TIME

You may also email me any time at kristawells@sbcglobal.net and I will make every effort to respond within 72 hours. Your coaching fee also includes occasional "flash sessions," which are 5 minute phone sessions to celebrate a success or address a pressing question or concern. If I am not available, please leave a message, and I will return your call as soon as possible.

CANCELLATION

Cancellation of a session must be made with at least 24-hour notice. If you must cancel, we can arrange a make-up session so that you receive the planned number of sessions for the month. All make-up calls must be completed within the current month.

FEEDBACK

I want your input to our process. I promise to do what is necessary to make you feel satisfied with our sessions, and we will work on all things as a team. I will ask directly for feedback from time to time, to make sure you are getting what you need.

AS WE WORK TOGETHER, IT'S IMPORTANT THAT YOU~

- Make every effort to show up for/call in for our sessions on time, and come prepared for the call/appointment.
- Be honest about our coaching process and, most importantly, about what you share during our sessions.
- Be willing to try new things in order to make rapid and meaningful progress with your goals.
- Arrange access to e-mail if you don't already have it. Our work will be much more expedient that way.

CONFIDENTIALITY

All information shared with me during the coaching and project process is held with the utmost confidence. Also, at no time will any personal, business, or other proprietary information be used, directly or indirectly, for my own or my company's benefit.

COACH DISCLAIMER OF LIABILITY

Coaching is a specialized type of consulting that is implemented with functional individuals who want their lives and careers to be exceptional.

Client hereby employs **Krista Wells** as Coach for the purpose of advising Client with respect to Client's career management and/or career search, and setting and achieving the Client's personal and professional goals. **Krista Wells** states that she is not an employment agent, a business manager, a financial analyst, or a licensed psycho-therapist, and that she has not promised, shall not be obligated to, and will not: (1) procure or attempt to procure any employment, business, or sales for the Client; (2) perform any business management functions such as accounting services, tax or investment consulting, or advise with regard thereto. Further, if the Client needs more in-depth counseling or services, it is the responsibility of the Client to seek a licensed professional.

Specific results are not guaranteed. The Client enters into coaching with the understanding that the Client is responsible for creating his or her own results. The Client also agrees not to hold the Coach or **Wells Consulting Services, LLC** liable for any actions or results related to adverse situations created as a result of a specific referral given by the coach.

The above terms and conditions are agreed to by:

_____ On _____
Client Name (printed) (Date)

(Client signature)

And by _____ On _____
Coach Name (printed) (Date)

(Coach signature)