

## Execs Evolve Coaching Agreement Form

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Client Name \_\_\_\_\_ Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Email \_\_\_\_\_

Thank you for your interest in the **Execs Evolve** program. Coaching is a unique partnership, where coach and client bring the best of themselves into a co-creative relationship. The following guidelines will help you get the most out of this program.

### I understand for my coaching fee I will receive:

- Six-month program wherein I am matched with a trained and supervised SVP executive coach.
- 10-12 coaching sessions including an introductory meeting and final wrap-up meeting. Coaching sessions are generally one hour and may take place in person, online, or on the phone. First and last are in person.
- Client cohort opportunities for peer support development.
- The opportunity to participate in selecting my coach.
- Guiding values/principles: partnership, trust, integrity, confidentiality, facilitation over advice.

### I understand the intended impacts of this program are to strengthen my leadership and management capacity including:

- Successful attainment of new skills.
- Successful application of new skills and knowledge to work leading to improved effectiveness.
- Successful attainment of one to two goals that lead to improved organizational performance (ie. reduced turnover, improved financial sustainability, program growth, increased collaborations).

### I understand that I will be expected to:

- Clearly communicate what I need from each session.
- Be honest with my coach and myself.
- Show up on time and be prepared for coaching.
- Work towards goals in-between each coaching session.
- Be open to new ideas and perspectives.
- Take responsibility for my actions.
- Let my coach know if something isn't working for me.
- Have fun and commit to the process.
- Give at least 24 hours notice if I need to reschedule a coaching appointment.
- Give my coach and Jennie Arbogash notice if I decide to discontinue coaching.
- Pay half of my program fee by January 27<sup>th</sup> and the remainder by my second coaching session.
- Complete evaluation surveys and provide feedback.

### I understand I can expect my coach to:

- Listen openly and actively.
- Respond and ask questions that help me explore my own wisdom.
- Offer different perspectives and/or challenge me.

- Hold me accountable for what I have said I want.
- Believe in me and trust my decisions.
- Show up with honesty and integrity.
- Give at least 24 hours notice if s/he needs to reschedule a coaching appointment.

**I understand my coach has been asked not to:**

- Diagnose or treat anything.
- Solve problems for me or tell me what to do.
- Do work for me, judge or “fix” me.
- Give me legal advice or take responsibility for me or my actions.
- Act as my employment agent, financial analyst, psychotherapist, or business manager.

**Should I choose to participate in Execs Evolve I will submit the following by January 27, 2017:**

- This agreement
- At least half of the payment due
- Client Profile
- Client Questionnaire

All coaching sessions are held in strict confidence. However, **for quality and credentialing purposes, please initial to permit the following exception:** \_\_\_\_\_ I give my coach permission to take notes of our sessions. I understand my coach may share or discuss these notes with her/his SVP executive coaching supervisor and fellow coaches during supervision or peer review for the purposes of improving the coaches’ service to me. Otherwise, they will be kept safe and held confidential.

**Program Fees**

<b>Organization Budget Size</b>	<b>Sliding-Scale Program Fee</b>
\$100,000 to \$300,000	\$400
\$301,000 to \$500,000	\$600
\$501,000 to \$750,000	\$800
\$750,000 to \$1,000,000	\$1,000
\$1,000,001 to \$2,000,000	\$1,200
\$2,000,001+	\$1,500
Non-affiliated Individuals	Please contact <a href="#">Jennie Arbogash</a> to discuss pricing.
<b>Value of Program</b>	<b>\$2,300</b>

Should I choose to participate in **Execs Evolve** after receiving notification of scholarship decisions; I will pay the difference between any scholarship provided and the applicable program fee. My nonprofit employer has an annual budget of \_\_\_\_\_ and the full program fee would equal:

- \$400    \$600    \$800    \$1000    \$1200    \$1500

**Client Signature**

**Date**

**Making Your Payment**

SVP accepts check, Visa or MasterCard. To pay via credit card, call Jennie Arbogash at 303.840.0165.

To pay via check, make payment to SVP Boulder County and send to:

Jennie Arbogash  
 SVP Boulder County  
 1877 Broadway, Ste 100  
 Boulder, CO 80302

