



# The Episcopal Diocese of Georgia

## Coaching Agreement Between

\_\_\_\_\_ (Coach)

& \_\_\_\_\_ (Client)

Coaching sessions are conducted in person, over video call, or by telephone, all requiring a follow-up email. The Diocese of Georgia pays the coaching fee for the first year. After one year, the client pays \$25/month for the coaching service. There is an additional fee of \$50 when the client cancels a coaching session, but fails to do so within 24 hours of the appointment time. Congregations are encouraged to pay half of the coaching fee as an investment in the ongoing development of their clergy.

Coaching is an ongoing relationship that may extend for an indefinite period of time. The term of this agreement, is six months which is \_\_\_\_\_ through \_\_\_\_\_. This agreement may be extended at the client's request, and it may be terminated at any time by either party.

### Coach commits to:

1. Maintain absolute confidentiality, keeping all matters discussed and disclosed through this coaching relationship strictly between the client and the coach, except in those situations where such confidentiality would violate the law.
2. Model Christian principles of integrity, honesty and service.
3. Maintain the focus on the client's highest and best interests at all times and provide direct and honest feedback.
4. Assume no authority over the client's actions.

### Client commits to:

1. Actively engage in the coaching process by being on time, prepared, present, and focused for each session.
2. Discuss all issues openly and honestly with the coach, continually striving to remain open to other perspectives.

3. Keep all commitments to the Coach, including the follow-up email after each session (and others, if needed, to be identified in the first coaching session).
4. Provide 24-hour notice when needing to cancel an appointment.

We have read the separate coaching guidelines and, by signing below, we agree to the terms and conditions in this agreement.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Coach: \_\_\_\_\_ Date: \_\_\_\_\_

Return a signed copy of this Coaching Agreement to:

Coach's Name \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

*Upon receiving this signed Coaching Agreement, the Coach will send you a copy for your records.*