



# Application for Coaching Sessions

BitterSweetCoaching.com | Tel: 475-329-0272 | bittersweetcoaching@outlook.com

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

Years in Profession: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you currently in therapy? YES ☐ NO ☐

Under medical or mental health care supervision or support other self-help or support group? YES ☐ NO ☐

If yes to any, please describe:

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What interests you about BitterSweet Coaching? What do you hope to gain from participating?

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What health / life challenges or concerns do you have?

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If you have you been facilitated in a group process in the past- (therapy, work team, coaching) please briefly describe you what you liked and / or what did not like about it.

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Do you understand the importance of attending all sessions on time? YES ☐ NO ☐

Do you have any time preferences for meeting times?

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I understand that the BitterSweet Coaching lays out a pathway to personal improvement through a process developed to support and empower individuals in their quest for greater health, vitality, productivity, purpose and joy. The BitterSweet Coaching Session is not “therapy” and there is no intended or implied advice contained in the BitterSweet Coaching manual or in-group meetings. I hereby release employees of AMG Ventures, LLC / Bsrealtalk, including the BitterSweet Coaching, from any liability related to my participation in the BitterSweet Coaching program.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_