

JJ Logo
Mentor-Client Agreement

This agreement dated _____ sets out the conditions and understandings for a mentoring relationship between Judith Johnson (**Mentor**) and _____ (**Client**).

This agreement is for _____ months including _____ weekly one-hour sessions to be scheduled between _____ and _____. This range of dates allows for the rescheduling of a maximum of _____ sessions once scheduled.

Mentor and Client hereby agree:

1. Sessions will take place in person (Rhinebeck, NY), by phone, or on Zoom depending on the Client's preference.
2. Mentor and Client will co-create a safe and confidential emotional environment.
3. Client has email access to the Mentor on an ad-hoc and unscheduled basis for the duration of this agreement, so that there is a continuity of access for the Client as needed and as is practicable.
4. Client understands that homework assignments are an integral part of this work and agrees to spend an appropriate amount of time completing all assignments in a thoughtful and timely manner that allows time for Mentor to review prior to the next session.
5. Mentor and Client agree to spend an appropriate amount of time in preparation for meetings reviewing session notes and homework assignments.
6. Mentor and Client will both take notes during and between sessions as needed.
7. Client understands that the results of this mentoring process will depend not only on Mentor's skills and abilities, but also upon Client's:
 - ability to connect with and articulate their inner experiences
 - willingness to be vulnerable and impacted
 - commitment to act

- willingness to take shared responsibility for the results achieved
8. This is a co-creative process in which both Mentor and Client agree to show up with curiosity and openness to engage in a process focused on:
 - connecting the client to their deepest truths and beliefs
 - releasing and forgiving dysfunctional patterns and entrenched positions
 - renovating the mental and emotional structures upon which Client is living their life to maximize functionality, fulfillment, and joy
 - building Client’s inner strength, wisdom, and lifestyle in such a way that they can thrive in their own unique and authentic way

 8. Client understands that the Mentor is not providing medical advice and that Mentoring should in no way replace sound treatment from a licensed health care provider if such is requirement. Mentor is not a licensed Medical Doctor, Psychologist, or Psychiatrist and will provide only those services in which she has been trained. If she feels she cannot help you, she will refer you to a licensed person who can assist you.

 9. The Mentoring fee under this agreement is a total of \$_____ USD for ___ one-hour sessions. Taxes do not apply to these fees. The Client understands that he/she is signing up for a duration of _____ months of work together and will be automatically billed monthly through _____. No alterations to the Client’s schedule and payment plan will be made without mutual agreement from the Mentor.

 10. Mentor and Client will do their best to find a specific weekly time slot for all sessions. At the beginning of each month, the schedule for the four sessions for that month will be booked by Mentor and Client together.

 11. The Client must cancel any meeting with at least 24 hours’ notice or the session will be forfeited and considered complete. If the Mentor cancels a session without at least 24 hours’ notice, the Client will receive an additional session for free.

Have you read and agreed to this Mentor/Client Agreement? Yes No

Are you currently seeing a counsellor, psychologist or psychiatrist? Yes No
 If yes, please state the details and practitioner’s contact information below

Welcome to our journey together finding your truth so you can find your bearings and thrive in your own unique and fulfilling way!

Agreed,

Mentor: _____

Date: _____

Client: _____

Date: _____