

APPLICATION

The Circle of Life Health & Wellness Program

Name _____ Profession _____
Address _____ Years in Profession _____
City/State/Zip _____ Employer _____
Phone _____ E-mail _____

Feel free to write on the back of this sheet if you need more space.

• Are you currently in therapy _____, under medical or mental health care supervision or support _____, other self-help or support group _____? If yes to any, please describe:

• What interests you about the *Circle of Life*? What do you hope to gain from participating?

• What health / life challenges or concerns do you have?

• 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.

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

• Do you have any time preferences for meeting times?

I understand that the Circle of Life 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 Circle of Life is not “therapy” and there is no intended or implied advice contained in the Circle of Life manual or in-group meetings. I hereby release employees of Circle of Life/Health Action, Inc., including the Circle of Life Coach, from any liability related to my participation in the Circle of Life program.

Your Signature _____ **Date** _____

(As soon as possible. Groups fill quickly.)

Coach contact info: