



# S P I R I T U A L M E N T O R I N G

## *Agreement*

### 1. Client and Mentor Intake Information

This section records the essential details of both the Client and the Spiritual Mentor. Accurate intake ensures clarity for scheduling, billing, and the personalization of mentoring sessions.

#### Client Information:

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City/State/Postal Code: \_\_\_\_\_

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

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

Preferred Contact Method:  Phone  Email  Video Call  Other: \_\_\_\_\_

#### Emergency Contact Information:

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

Relationship: \_\_\_\_\_

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

#### Spiritual Mentor Information:

Spiritual Mentor Name: Dr. Zeal Okogeri

Business Address: 330 Saratoga Road, Suite 15175, Honolulu, Hawaii 96830 USA

Phone: +1 (501) 500-3052

Website: DrZeal.Org

Email: Zeal@Dr.Zeal.Org

Both parties confirm the accuracy of this information and agree to update each other promptly regarding any changes during the term of this agreement.

### 2. Mentoring Focus Areas and Service Selection

This section allows the Client to identify the primary areas of focus for mentoring services. The selections made here will help the Mentor tailor sessions to the Client's unique needs and spiritual path.

**Focus Areas (check all that apply):**

- Personal Growth and Self-Discovery
- Stress Reduction and Mindfulness Practices
- Spiritual Connection and Intuition Development
- Emotional Healing and Release Work
- Relationship and Communication Clarity
- Career Alignment and Purpose Mentoring
- Goal Setting and Accountability
- Meditation or Energy Work Guidance
- Other: \_\_\_\_\_

**Preferred Session Format:**

- In-Person Sessions
- Video Conferencing
- Phone Sessions
- Combination

**Frequency of Sessions:**

- Weekly
- Bi-Weekly
- Monthly
- As Needed

Once confirmed, the selected services will guide the scope of this agreement and the development of the Client’s personalized mentoring plan.

### 3. Client Background, Goals, and Spiritual Preferences

This section invites the Client to provide context that will assist the Mentor in understanding their life situation, spiritual orientation, and intended outcomes. The more detail provided, the more personalized and effective the mentoring experience will be.

**Personal Background:**

Please share any relevant life experiences, current challenges, or milestones influencing your decision to begin mentoring:

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**Mentoring Goals:**

What are your top three goals you hope to achieve through spiritual Mentoring?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Spiritual Preferences (check all that apply):**

- Meditation-Based Practices
- Energy Healing Modalities (Reiki, Chakra Balancing, etc.)
- Mindfulness and Breathwork
- Intuitive or Visioning Techniques
- Faith or Religion-Informed Guidance
- Other: \_\_\_\_\_

The Client acknowledges that this information will be used solely to customize their Mentoring journey and will remain confidential.

#### 4. Scope of Mentoring Services and Session Deliverables

The Mentor agrees to provide services that support the Client's personal and spiritual development as identified in Sections 2 and 3. These services are intended to facilitate growth, self-awareness, and alignment, not to diagnose, treat, or replace medical, psychological, or legal services.

The scope of mentoring includes:

- Structured sessions focusing on the Client's chosen areas of growth and development.
- Practical tools such as guided meditations, journaling prompts, or energy alignment exercises.
- Accountability check-ins to track progress toward stated goals.
- Resources or referrals to relevant books, workshops, or practices.

The Client understands that mentoring is a collaborative process. While the Mentor provides guidance and strategies, the Client is ultimately responsible for applying insights and practices outside of session time. Outcomes depend on the Client's willingness to engage, reflect, and act.

Client acknowledges that the initial scheduled mentoring session is of particular spiritual significance and will be conducted personally by Mentor. Thereafter, subsequent sessions may be conducted either by Mentor or by a trained and authorized assistant acting on Mentor's behalf.

#### 5. Session Packages, Payment Structure, and Cost Table

The following table outlines the available session packages, associated costs, and payment terms. All sessions must be prepaid or paid according to the agreed schedule before services are rendered.

Package Option	Inclusions	Cost	Payment Terms
3-month mentoring program, includes three 40-minute monthly sessions, via video conferencing.	3 x 40-minute sessions + email support + guided resources (Recommended guided resources are available for purchase on DrZeal.Org website)	\$2,500	Due in advance

Payments are accepted via bank credit card, PayPal, or approved online platforms. Missed or late payments may result in suspension of services until balances are cleared. Package fees are non-refundable once sessions have commenced, except where otherwise provided in this agreement.

#### 6. Client Responsibilities and Active Participation

The Client agrees to attend all scheduled sessions on time, engage with honesty, and participate actively in the mentoring process. The Client understands that meaningful results require commitment both during and outside of mentoring sessions.

Responsibilities include:

- Arriving prepared with openness to explore personal and spiritual growth.
- Completing agreed practices or exercises between sessions, such as meditation, reflection, or journaling.

- Communicating honestly about challenges, resistance, or discomfort that arise.
- Maintaining respectful dialogue with the Mentor and honoring professional boundaries.

The Client also acknowledges that personal transformation may bring up difficult emotions or experiences. They agree to seek additional professional support (medical, psychological, financial, or legal) when necessary, as mentoring is not a substitute for specialized services.

## **7. Scheduling, Rescheduling, and Missed Sessions**

The Mentor and Client will mutually agree on session dates and times in advance. Sessions are expected to begin promptly at the scheduled time to ensure full use of the session length. If the Client is late, the session will still end at the originally scheduled time and will not be extended.

If the Client needs to reschedule, at least 48 hours' notice must be provided. Sessions rescheduled with less than 48 hours' notice may be forfeited or subject to a rescheduling fee at the discretion of the Mentor. In cases of illness, emergency, or other unavoidable circumstances, the Mentor will make reasonable efforts to accommodate a new time.

If the Mentor is unavailable for a scheduled session, an authorized representative may conduct the session on the Mentor's behalf, or the session will be rescheduled to the earliest mutually convenient time. Repeated no shows or last minute cancellations by the Client may constitute a breach of this Agreement and may result in termination of services.

## **8. Boundaries, Confidentiality, and Ethical Standards**

The mentoring relationship is based on mutual respect, clear boundaries, and a commitment to confidentiality. Both parties agree to maintain professional standards at all times.

Key boundaries and standards include:

- All discussions within mentoring sessions will remain confidential, except where disclosure is required by law (e.g., imminent harm or legal obligations).
- The Mentor will not share Client information with third parties without explicit consent.
- The Mentor will not exploit the Client financially, emotionally, or otherwise.
- Both parties will maintain professional boundaries, including respect for personal space and communication limits outside of agreed contact methods.
- The Client acknowledges that while spirituality may be integrated into sessions, mentoring is not intended to impose specific beliefs, doctrines, or practices.

The Mentor affirms their commitment to ethical mentoring practices, and the Client agrees to engage respectfully and responsibly in this shared process.

## **9. Spiritual Integration and Mentoring Limitations**

The Client acknowledges that spiritual Mentoring is designed to foster personal insight, self-reflection, and alignment with life goals. The Mentor may introduce techniques such as guided meditation, visualization, energy practices, or intuitive exercises, but these are intended as supportive tools, not guaranteed solutions.

The Client understands that mentoring is not therapy, medical treatment, or financial or legal consultation. While spiritual insights may support emotional well-being and decision-making, they do not replace professional advice where specialized expertise is required. The Client accepts that results vary and depend heavily on personal effort, openness, and circumstances outside the Mentor's control.

The Mentor will provide encouragement, structure, and resources, but the Client remains responsible for their own choices, interpretations, and outcomes. This acknowledgment ensures both parties have a realistic understanding of what spiritual mentoring can and cannot provide.

## **10. Termination, Refunds, and Service Adjustments**

Either party may terminate this agreement with written notice. If the Client chooses to terminate participation before completing a prepaid package, all payments are non refundable once the mentorship has been confirmed. If the Client elects to discontinue the mentorship, misses scheduled sessions, or is unable to complete the three month engagement for any reason, no full or partial refunds will be issued.

The Mentor reserves the right to terminate services if the Client repeatedly misses sessions, fails to comply with payment terms, or engages in behavior that breaches professional boundaries. In such cases, no full or partial refunds will be issued.

Service adjustments, including without limitation placing a package on hold or transferring unused sessions to a later date or to another individual, are not permitted. The three month mentoring program shall commence on the effective date of this Mentoring Agreement and shall automatically terminate ninety (90) calendar days thereafter, regardless of the number of sessions used or any extenuating circumstances. The Client may not extend the program beyond this period. To continue receiving mentorship services after the expiration of the program term, the Client must purchase a new mentoring package.

## **11. Alignment of Expectations and Pathways for Resolution**

Both the Client and the Mentor acknowledge that spiritual mentoring is built on trust, respect, and mutual alignment. Differences of interpretation, style, or expectations may arise during the course of the relationship. The parties agree to approach such differences with openness and a willingness to find common ground.

If concerns arise, the Client agrees to communicate them directly to the Mentor so that adjustments to style, scheduling, or focus areas can be discussed in good faith. The Mentor likewise agrees to raise any concerns regarding participation, engagement, or boundaries with the Client in a timely and professional manner. If direct communication does not resolve the issue, the parties may mutually decide to continue or terminate the mentoring relationship.

If the matter remains unresolved, the parties may seek neutral third party support, such as mediation, to assist in reaching a practical resolution. Both parties agree that the principles of respect, integrity, and clarity will guide this process.

This Agreement shall be governed by and construed in accordance with the laws of the State of Hawaii, United States of America, which shall serve as the controlling legal jurisdiction. Notwithstanding the foregoing, the parties share the intention to resolve any dispute constructively, with fairness and dignity.

## **12. Agreement Acceptance and Signatures**

By signing below, the Client and the Mentor confirm that they have read and understood all terms of this Spiritual Mentoring Agreement. They affirm that they are entering into this agreement voluntarily and with full understanding of the services, responsibilities, and limitations outlined herein.

**Client Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mentor Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_