

Learning Agreement

Conflict Management Workshop
Sponsored by: Diocese of Georgia
Dates: January 8 - 13, 2012

This agreement needs to be signed and turned in at the beginning of the first session.

1. I am voluntarily participating in the Conflict Management Workshop.
2. I understand that this is an educational program not a counseling or mental health program.
3. I have carefully read all the materials on the web pages for the workshop. The program appears to address my current learning goals.
4. I agree to be present and in residence at the conference center during the entire workshop. No late arrivals or early departures. I agree to participate in all working sessions.
5. I understand that the program offers me an opportunity to expand my range of leadership behaviors and skills. I'm willing to engage that process. I'll try to use the skills, methods, and interventions "as given." This is to give ideas and methods that may be new to me a "fair chance" before evaluating and modifying them in the future.
6. I understand that the program is emotionally demanding. Exploring new ways of leadership behavior and receiving feedback can be stressful. I've carefully reviewed the readings on T-groups and "lab education norms (both are in the manual as well as available on-line). I believe I am able to engage the work.
7. If I am in therapy I have consulted my therapist about this. I understand that those having a difficult time coping with stress or who are experiencing significant emotional difficulties should postpone attending the program.
8. I understand that feedback is part of the learning process. That will include feedback on my group participation.
9. As a participant in the program I understand that I may choose to leave the program at any time if I don't believe this is meeting my learning goals or if I'm finding it too stressful. I accept responsibility for my own well-being and self-care throughout the program.

Please Print your name:

Signature:

Date: