

## Counseling Services at the MU Career Center

*MU Career Counselors offer a holistic counseling approach and are available to discuss social, emotional, and personal aspects of your academic major and career decisions.*

Name (And Phonetic Spelling) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Pronouns \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

### Sexual Orientation (check one):

- |                                       |                                      |                                       |
|---------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual    | <input type="checkbox"/> Pansexual    |
| <input type="checkbox"/> Lesbian      | <input type="checkbox"/> Questioning | <input type="checkbox"/> Queer        |
| <input type="checkbox"/> Gay          | <input type="checkbox"/> Asexual     | <input type="checkbox"/> Other: _____ |

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

What social or cultural identities would you like considered in your career counseling experience?

\_\_\_\_\_

Have you used the Career Center before?  Yes  No

If so, why? \_\_\_\_\_

### **Contact Information**

Please check any and all acceptable forms of communication, if we need to contact you (for example, your counselor is sick and needs to reschedule.) *We will need your permission below to contact you. Our primary mode of communication is email through [careercounseling@missouri.edu](mailto:careercounseling@missouri.edu).*

***\*If you wish to receive distance counseling over Zoom, we must have permission to contact you via email and phone.***

Email address: \_\_\_\_\_ Initial here \_\_\_\_\_

Phone Number (please check which is preferred and **include area code**):

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> Cell _____       | Initial here _____ |
| <input type="checkbox"/> Work _____       | Initial here _____ |
| <input type="checkbox"/> Home Phone _____ | Initial here _____ |

***May we leave a message and indicate we are calling from the MU Career Center?***

- Yes  No Initial here \_\_\_\_\_

## Education/Employment History

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Present employment status:  Full-time  Part-time  Unemployed

If yes, where do you work? \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Currently enrolled in school?  Yes  No ( MU  Other Institution \_\_\_\_\_)

Full-time  Part-time Major(s) \_\_\_\_\_

Minor(s): \_\_\_\_\_ GPA: \_\_\_\_\_

Year in School:  Senior  Junior  Sophomore  Freshman  Graduate Student

Expected Graduation Date: \_\_\_\_\_ Degree Expected: \_\_\_\_\_

Is returning to school an option for the future?  Yes  No

Have you earned a degree previously?  Yes  No When did you graduate? \_\_\_\_\_ Degree earned? \_\_\_\_\_

## Previous Counseling Experience

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Are you currently receiving counseling or other mental health services from another provider?  Yes  No

If yes, please specify type of service and provider \_\_\_\_\_

In the past, have you received counseling or other mental health services?  Yes  No

If yes, please specify type of service and duration \_\_\_\_\_

Have you been prescribed medication for a mental health condition?  Yes  No

If yes, please list current medications and dosages, if known \_\_\_\_\_

Referred to Career Counseling by: (check all that apply)

Career Center Staff

Friend

Faculty Advisor

Resident Advisor

Professor

Parent(s)/Family

Counseling Center

Other \_\_\_\_\_

## Expectations and Availability for Counseling

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Please indicate up to 3 main goals for counseling:

- Changing Careers
- Clarifying goals and interests
- Coping with stress on the job
- Re-entering the work force
- Writing a resume, CV, or cover letter
- Exploring educational opportunities
- Returning to school
- Exploring new career possibilities
- Dealing with job loss
- Balancing work and family life
- Designing a successful job search
- Interviewing for jobs
- Life transitions
- Health concerns
- Other: \_\_\_\_\_

What values are most important to you regarding your career choice?

- Achievement
- Environment
- Leadership
- Stability
- Enjoyment
- Creativity
- Money
- Moral Fulfillment
- Competition
- Helping others
- Status/Recognition

Please state in your own words what brings you to career counseling.

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When would be the best times for your counseling appointments? **Please give us a range of as many hours as possible; this will give counseling staff more flexibility in matching you with a career counselor** (i.e. Tuesdays 3-4 PM, Wednesdays 9-11 AM, etc.) **The Career Center is ONLY open Monday through Friday from 8 am – 5 pm.**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

A counselor will contact you to set up the first appointment. If you are running late, need to reschedule an appointment, or need to cancel an appointment, please email your counselor at [careercounseling@missouri.edu](mailto:careercounseling@missouri.edu) at least 24 hours in advance. If you are an MU Student, you can also cancel your appointment through MU Connect.

### **CONFIDENTIALITY**

All Career Center counselors abide by a code of professional ethics that protects the welfare of you as a client. **Information shared with your counselor will not be disclosed to anyone outside the Center's professional staff without your written permission.** There are three exceptions to this which include: (1) A situation in which keeping your information confidential might result in physical harm to you or someone else. (2) A court order, and (3) Situations involving abuse of children, elderly persons, or other vulnerable adults. If you have questions about confidentiality in Career Counseling, please ask your counselor.

### **COUNSELORS-IN-TRAINING**

Counselors are graduate students in training who provide individual counseling under supervision focusing on a wide range of career, academic, and personal/social issues. Career issues may be your initial concern, but academic and personal/social issues may emerge in counseling and can be discussed as well.

### **AGREEMENT FOR RECORDING**

In order to provide superior services, our counselors will record individual meetings with Career Counseling clients. The video recordings are used to determine services that may be most helpful to those using the Center, and to assist your counselor in understanding how he or she can serve you better. Only Center staff may use these recordings. Information may be used, without identifying any clients' identity, for program reports and evaluation. Videos recordings stored on a secure HIPAA compliant platform and are erased at the end of each semester.

Upon completion of your last session, you may receive an evaluation form. This material will also be held in confidence and used only for program evaluation purposes.

### **DISTANCE COUNSELING**

**Our distance counseling services can be provided over Zoom to clients residing within the state of Missouri.** You will need access to a device with video, audio, and internet access to access Zoom sessions. Your assigned counselor will provide you with a Zoom link via email before the time of your scheduled appointment. The link will not be active until the time of your appointment. You should not need to install any applications to utilize this link. However, you may wish to install the Zoom app on your device.

While the Zoom accounts our counselors provide distance counseling through are HIPAA compliant, any delivery of services via telecommunication technologies presents potential limitations. If you are receiving our services through distance counseling via Zoom, you accept the potential increased risks involving loss of security and confidentiality. Our counselors delivering distance counseling apply similar ethical and professional standards of care and professional practice that are required when providing in-person services. By consenting to distance counseling, you understand there are risks including, but not limited to the transmission of your information could be disrupted or distorted by technical failures; the transmission of

your information could be interrupted by unauthorized persons; and/or the electronic storage of your case information could be accessed by unauthorized persons. **You also accept that our distance counseling does not provide emergency services. If you are experiencing an emergency situation, please call 911 or proceed to the nearest hospital emergency room for help.**

If you experience any issues or technical difficulties while using Zoom for your sessions: Please have your email account open so if this happens you can easily email your counselor through the Career Counseling email at [careercounseling@missouri.edu](mailto:careercounseling@missouri.edu).

**For legal and safety purposes, expect for your counselor to confirm your phone number and geographic location (city, state) verbally when you begin each of your scheduled Zoom appointments.**

*If you need support regarding Zoom: MU students please email [zoom@umsystem.edu](mailto:zoom@umsystem.edu). Community members please visit <https://support.zoom.us/hc/en-us/requests/new> to access Zoom's support services.*

*If you're new to Zoom and are interested in training, this is available at <https://support.zoom.us/hc/en-us/articles/206618765-Zoom-Video-Tutorials>*

### SIGNATURE OF CONSENT

We ask that you sign the line below if you have read the “Confidentiality,” “Counselors-In-Training,” “Agreement for Recording,” and “Distance Counseling” sections and are willing to be seen by our counselors and have your sessions recorded. If you have questions and/or concerns about any area, please talk with your counselor before signing. Please keep a copy of this paperwork for your personal records.

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

Print Name \_\_\_\_\_

*\*Typing my name above constitutes an electronic signature.*