



# *Live Well* Gives Back

Counseling Services, LLC

Free, Student-Led Counseling Application

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

Age: \_\_\_\_\_

Phone number: \_\_\_\_\_  
(*must have voicemail set up and accessible*)

Email address: \_\_\_\_\_

Town you live in: \_\_\_\_\_

Please give a short description of your time working during Covid-19: \_\_\_\_\_

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Are there any other reasons you want counseling? \_\_\_\_\_

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Please list any medication you take: \_\_\_\_\_

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What times of day and days of the week are you available for telehealth sessions? \_\_\_\_\_

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### Directions for Application

- Fill out all questions thoroughly
- Please submit applications via email – [info@livewellcounselingllc.com](mailto:info@livewellcounselingllc.com) or fax to 618-824-6681. Please include the heading “Counseling Application”.
- Please submit applications BY Wednesday, December 29.
- We will be in touch with chosen applicants by January 8, 2021