

PLEASE SUBMIT YOUR APPLICATION TO YOUR SCHOOL COUNSELLOR OR WORK EXPERIENCE FACILITATOR

**HIGH SCHOOL COUNSELLOR  
OR WORK EXPERIENCE  
FACILITATOR**

Date received: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Please scan and email to [odsleaders@sd44.ca](mailto:odsleaders@sd44.ca)



## 2018-2019 Counsellor Application

**Note: This is an application only.** Prior to your attendance as a counsellor with the Outdoor School Program, you will be invited to attend a weekend training workshop. You will be contacted by email 2-6 weeks prior to the workshop for which you are confirmed for. Due to the volume of applications received, we cannot guarantee a specific training workshop. There is a \$115 fee to attend the workshop. Details for payment are included at the bottom of this page. This fee helps offset the costs of counsellor training (approx \$200/student). If you have financial concerns, please contact your school administrator.

Please rank (1, 2, 3) your preferred training workshop dates:

\_\_\_\_\_ **September 28-30**      \_\_\_\_\_ **November 16-18**      \_\_\_\_\_ **February 22-24**

### PLEASE PRINT ALL INFORMATION CLEARLY

Full Name: \_\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ School (2018/2019): \_\_\_\_\_ Student ID number: \_\_\_\_\_

Student email: \_\_\_\_\_

Parent/Guardian email (**Required**): \_\_\_\_\_

What is your grade average for the past school year? \_\_\_\_\_

Yes, I am French Immersion or Francophone

Describe why you want to become a counsellor in the Outdoor School program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any leadership experience or qualifications you feel would be helpful in being a counsellor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If I am selected and if I attend a counsellor training workshop, I agree to volunteer in the Outdoor School Program as a counsellor at least twice before I graduate. Prior to attending a counselling week, I will obtain permission from a parent/guardian, teachers, counsellor and my principal.**

Parent/Guardian Signature

Date

Student's Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment Details:** Once confirmed for a training workshop, you will receive an email with the link to the School Cash Online website with further details for payment. **Please do not include any payment at this time.**