



JOB APPLICATION
Klamath-Siskiyou Outdoor School
Counselor
Mid Klamath Watershed Council



APPLICANT	
NAME:	PHONE:
EMAIL ADDRESS:	
MAILING ADDRESS:	
Are you available for the entire week of KSOS (6/24-29/2024) and counselor meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been a KSOS Counselor before? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you over 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please describe your experience working with youth.

Please describe your interest in being a KSOS Counselor.

Please highlight any relevant trainings or skills you could bring to this position (CPR, Wilderness First Aid, Lifeguard, etc.)

Is there anything else you think we should know?

REFERENCES (LIST AT LEAST TWO PROFESSIONAL REFERENCES)

NAME	RELATIONSHIP	PHONE NUMBER

I understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of employment.

Signature

Date