



Junior Firefighter Application

Section to be Completed by the Applicant

Name :		Date of Birth :	
Address :			
S.I.N. :		Email:	
Cell Phone : (506)	Grade Level :	School Attended:	
Extracurricular Activities, Sports or Other : - - -		Volunteer Work or Community Involvement : - - -	
Tell us why you would like to become a junior firefighter :			
Tell us what qualities/skills you think you could bring to the Fire Department :			
Applicant's Signature :		Date :	

Section to be Completed by the Parent or Guardian

Parent or Guardian's Name :	Phone :
Signature :	Date :

Please submit your application to the Cap-Acadie Town Hall or email it to : RH@capacadie.ca

Section Reserved for the Regional Town of Cap-Acadie

☐ Application Accepted	☐ Application Denied	☐ Copy provided to the Director of Finance
Reason for Denial :		
HR Manager's Signature :	Date :	