



VILLAGE OF BELLEDUNE

P.O. Box 1006 * 2330 Main Street * Belledune, NB * E8G 2X9 * Tel.: (506) 522-3700
Fax: (506) 522-3704 * e-mail: belledune.fc@nb.aibn.com

Village of Belledune Belledune Volunteer Fire Department Volunteer Firefighter Application

The Village of Belledune is presently looking for additional members to join the Belledune Volunteer Fire Department. Applications for membership will be accepted within all the servicing area for both Station #1 & Station #2, including the area east of the Benjamin River (Portage Road) to the boarder of Pointe-Verte, **excluding** the LSD of Lorne and their Fire Department coverage area.

The Belledune Volunteer Fire Department is looking for individuals who wish to be part of something positive, and for people who want to make a difference in their community in providing assistance during someone's worst day.



The chosen individuals will receive opportunities to develop their firefighting skills and knowledge through training and education that is required for this profession. Grade 12 high school education is recommended.

An information session will be organized for the chosen individuals informing them of the roles and responsibilities required to be a member of this organization.

If you are interested in being part of a committed group of individuals who deliver frontline emergency services, but also to provide educational information to their community of how to prevent fires, please fill in the application form on the reverse and mail, email, fax or drop your application off at the Belledune municipal office to:

**Village of Belledune
Attention: Belledune Volunteer Fire Dept.
2330 Main Street, P.O. Box 1006
Belledune, N.B. E8G 2X9
Phone 522-3700
Fax: 522-3704**

e-mail: bell001@nb.aibn.com or bell002@nbnet.nb.ca



BELLEDUNE VOLUNTEER FIRE
DEPARTMENT
VOLUNTEER FIREFIGHTER
APPLICATION

Date: _____

PERSONAL INFORMATION

Name: _____

Sex: F _____ M _____ Date of Birth: _____

Address: _____

Telephone: _____

Drivers License: Yes: _____ No: _____ Class: _____

e-mail: _____

EDUCATION (Level completed and/or any special training courses completed)

High School: _____ Year _____

College or University: _____ Year _____

Trade: _____

CPR: Yes: _____ No: _____ Expiry Date: _____

First Aid: Yes: _____ No: _____ Expiry Date: _____

Other: _____

PRESENT EMPLOYMENT STATUS

Employed: Yes: _____ No: _____ If yes, fill in information below.

Employer: _____

Address: _____

Position: _____

Shift Work: Yes: _____ No: _____

PERSONAL REFERENCES

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

You may attach additional information with your application.