



Application for Watrous Volunteer Fire Department

Name: _____

Employer: _____

Cellphone Number: _____

Cellphone Provider: _____

Home Phone Number: _____

Drivers License Class: _____

Email address: _____

Mailing Address: _____

SIN: _____

Related experience: _____

Any questions please call the Town of Watrous at 946-3369.

Please drop-off application at the Town Office or mail to:

Watrous Fire Department

Box 125

Watrous, SK

S0K 4T0