



Hudson Volunteer Fire Department, Inc.
Application for Membership

3731 Ted Trout Dr
Hudson, Texas 75904
Chief: Marcial Foisie

www.hudsonfirerescue.org
hfd@hudsonfirerescue.org

Dear Applicant:

Thank you for showing interest in the Hudson Volunteer Fire Department, Inc. By picking up this application packet, you have shown that you have interest in protecting the lives and property within this community.

Please deliver all completed and signed paperwork to the Secretary or the Assistant Secretary of Hudson Volunteer Fire Department, Inc.

Please read this packet carefully and in its entirety. The application is for a Volunteer organization and the information provided will not be shared with anyone except the Elected Officers of the Hudson Volunteer Fire Department, Inc. and the Investigating Committee. Fill in ALL blanks. If an application question does not apply to you, please enter "N/A" in the blank.

Application information includes:

1. Basic application information. If you need additional space to complete any question, use a blank sheet of paper. Make sure the application is signed. Any unsigned applications will not be accepted and will result in automatic rejection.
2. Authorization for Release of Information. This allows the Investigating Committee of the Hudson Volunteer Fire Department to obtain any information deemed necessary through law enforcement agencies. Also included is a medical questionnaire and fingerprinting information.
3. If you have any additional skills or training you feel would be advantageous to this Department, please provide verification for our review. Example: CPR, EMT, TCFP, SFFMA

Please complete this application packet to the best of your knowledge and sign all forms. If there are any questions concerning this packet, please contact us @ applicant@hudsonfirerescue.org or come by Station 1 located at 3731 Ted Trout Dr. We meet on Monday evenings at 7 o'clock.

Respectfully,
Hudson Volunteer Fire Department
Caleb Ramsey, Secretary / Mark Loose, Assistant Secretary



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REQUIREMENTS FOR MEMBERSHIP

- Be a Citizen of the United States
- Must be at least 18 years old
- Must possess a valid "Texas" drivers license
- Be of good character and in good physical condition
- Provide a Criminal History background from the Texas Department of Public Safety at your expense. This fee will be refunded after being voted in by the members
- Complete an interview process with the elected Officers
- Receive a favorable report from the Investigative Committee
- Complete a 90 day probation period (30 days if applicant holds a Basic Certification or higher from either TCFP or SFFMA
- Complete the Intro to Firefighting if applicant is not Basic or Higher before being placed on the Active "A" list

Respectfully,

Hudson Volunteer Fire Department

Caleb Ramsey, Secretary / Mark Loose, Assistant Secretary



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Hudson Volunteer Fire Department, Inc. uses L-1 Identity Solutions for Fingerprinting needs

Their Lufkin address is:

L-1 Identity Solutions
515 South First St, Ste L
Lufkin, Texas 75901

Fingerprinting hours vary @ L-1

No messy ink. No visit to the law enforcement booking room. L-1 offers a quick easy and secure procedure where digital prints are taken by a certified fingerprint technician using state-of-the-art equipment. Submissions are made electronically so that results are received within hours, instead of weeks or even months. We understand that the sooner the background check process is completed, the sooner you can become licensed or employed.

Visit: <https://tx.ibtfingerprint.com/> to schedule an on-line appointment or call toll free
1-888-467-2080

If you wish not to use L-1 Identity Solutions you may go by the Lufkin Police Department
Monday through Friday from 1pm – 3pm and have Fingerprints made.

City of Lufkin Police Department is located at 300 East Shepherd, Lufkin Texas 75901

After you obtain your fingerprints you will need to mail them to:

Texas Department of Public Safety

Crime Records Services

P.O. Box 15999

Austin, Texas 78761-5999

Because fees may change from Agency to Agency it is best you contact them directly concerning
Any monies you will need to pay for their services



Hudson Volunteer Fire Department, Inc.

Membership Application

Application Date _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Years at present address _____

Social Security # _____ - _____ - _____ Date of Birth ____/____/____

D.L. Number _____ State _____ Class _____ Expires ____/____/____

Home Phone(____)____-____ Work Phone(____)____-____ Cell Phone(____)____-____

Present Employer _____ Job Title _____

What time and days are you available _____

Have you ever been a member of another Fire Department? Yes _____ No _____ If yes, number of years _____

Name of last Fire Department _____

Address _____ City _____ State _____ Zip _____

Your rank with previous Fire Department _____ Years of Service _____

Chief or Supervisors Name _____ Phone number(____)____-____

Reason for leaving _____

Do you have any formal training in the Fire/EMS service? Yes _____ No _____ Fire Cert # _____ EMS Cert# _____

If you answered yes to the above question, please list schools attended (for more space please list on back)

School/College Attended	Courses of Study	Dates Attended

Have you ever been convicted of a felony? Yes ___ No ___ If yes, please give reason and outcome:

How were you referred: HFD Member ___, Friend ___, Facebook Ad ___, Other _____

Emergency Contact Information

Name _____ Address _____

_____ Phone Number (____) _____ - _____

Contact Type: Spouse ___ Child ___ Parent ___ Sibling ___ Employer ___

Are you married? Yes ___ No ___ If yes, please provide spouses name _____

Signed _____

Email address (optional) _____

===== For Office Use Only =====

Date Application Received _____ Next Business Meeting _____

Date Application Presented to Department _____ Date Eligible for vote _____

Date Voted on _____ Votes For _____ Votes Against _____ Rank Given _____

Approved by Signature/Rank _____

Approved by Signature/Rank _____

Notes _____



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Pre-Employment Medical Questionnaire

Date _____
Last Name _____ First Name _____ MI _____
Address _____ City _____ State _____ Zip _____

please answer the following as accurately as possible

1. Please describe any past medical history

2. Please list any medication you are currently taking

3. Please list any allergies you may have

4. Are you currently having or awaiting any medical investigation or attending specialist appointments, or receiving any treatment/therapy?

5. Do you have any difficulties with reading, writing, speech or mobility?

6. Do you currently have any of the following

- A. Heart condition, raised blood pressure, stroke yes/no
- B. Seizures, blackouts, recurrent fainting yes/no
- C. Mental illness, anxiety, depression, stress, psychosis, schizophrenia yes/no
- D. Chronic fatigue yes/no
- E. Problems with alcohol or drug consumption yes/no
- F. Neck, back, shoulder, arm, wrist or hand problems yes/no
- G. Arthritis or joint problems yes/no
- H. Eye or ear problems yes/no
- I. Recurrent headaches, migraines, neurological conditions yes/no
- J. Any other serious illness or health issues not mentioned above yes/no

If you answered yes to any of the questions on line 6, please provide more information:

7. Would you have a problem with any of the following

- A. Working at heights yes/no
- B. Working in confined spaces yes/no
- C. Working with dusts, fumes, gases or chemicals yes/no

- D. Operating machinery yes/no
- E. Working in extreme temperatures both hot and cold yes/no
- F. Wearing personal protective gear yes/no
- G. Working at all hours of the night or day yes/no
- H. Working in noisy environments or with noisy equipment yes/no

If you answered yes to any of these questions please provide brief explanation

8. Is there anything further that we should know about as far as medical conditions or phobias?

Signature _____



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I authorize the Hudson Volunteer Fire Department, Inc., its affiliates and their representatives to investigate all information given and to secure additional job-related information. If necessary, I authorize an investigative report be made whereby information is obtained through personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors and/or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including request of transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information. I understand that any information provided by me, which is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) eliminate me from further consideration of membership, or 2) may result in my immediate discharge from Hudson Volunteer Fire Department, Inc. services, whenever it is discovered.

Date _____

Signed _____

Print (full legal name) _____



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I understand that if I should be accepted as a member of the Hudson Volunteer Fire Department, Inc. I will uphold the Constitution and By-Laws and the Standard Operating Procedures of this Department. I also agree to participate fully in all activities associated with the Fire Department, as my personal work schedule allows. I further agree that all statements and facts set forth in this application for membership are true to the best of my knowledge. I also understand that any false statement or misrepresentation will result in immediate dismissal from the Hudson Volunteer Fire Department, Inc.

Signature of Applicant_____

Date of Signature(mm/dd/yyyy)_____



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Application Process Check Off List
=====For Department Use Only=====

Applicant _____

Application Received ____ Date _____
Criminal Background received ____ Date _____
Investigative Committee reported ____ Date _____
Interview Process ____ Date _____
90 Day Probation ____ Date off Probation _____
30 Day Probation if Basic or Higher ____ Date off Probation _____

Notes
