



Hudson Volunteer Fire Department, Inc.  
Application for Membership

3731 Ted Trout Dr  
Hudson, Texas 75904

Chief: Jeff Burns

[www.hudsonfirerescue.org](http://www.hudsonfirerescue.org)

[hfd@hudsonfirerescue.org](mailto:hfd@hudsonfirerescue.org)



Dear Applicant:

Thank you for showing interest in the Hudson Volunteer Fire Department, Inc. and or Hudson Fire Department K-9 Search and Rescue. Please note, at the top of the application, which division you are applying to, HFD or K-9 SAR. By picking up this application packet, you have shown that you have an 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. or to the SAR Secretary if applicable.

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 or the SAR Officers if SAR is your application choice.. 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/Search & Rescue 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](mailto: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 – Nathaniel Small, 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 Verified Volunteers at your expense
- Complete an interview process with the Interview Board
- Receive a favorable report from the Investigative Committee
- Complete a 1 year probation period ( 6 months if applicant holds a Basic Certification or higher from either TCFP or SFFMA )
- Obtain a Class-B Exempt license within the probationary period

Respectfully,  
Hudson Volunteer Fire Department  
Nathaniel Small, Secretary



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Hudson Volunteer Fire Department, Inc./HFD K-9 SAR uses Verified Volunteers for Fingerprinting needs

HFD policy requires background verifications for participation in Fire Department Activities and to comply with the National Child Protection Act. Due to your participation or interest in a position on our organization, you are required to complete a background verification. HFDK9SAR requires that the following information be reviewed during the background verification process:

- 50 State DOJ Sex Offender Registry Search
- Terrorist WatchList Search (OFAC)
- Validated Nationwide Criminal Search
- Nationwide Database Search

• HFD utilized Verified Volunteers to conduct automated background verifications. This option has a minimal cost to you and is completed through the Verified Volunteers online portal.

Cost is \$19.95 for the ADVANCED BACKGROUND SEARCH

See instructions below for more details

**VERIFIED VOLUNTEERS PROCESS** - Verified Volunteers utilizes a web-based portal to register, conduct, and report on your background verification. Please complete the following steps:

Step 1 - Goto the website: <https://app.verifiedvolunteers.com>

Step 2 - Create a personal account, and log into the Verified Volunteers portal using that account

Step 3 - Select "Get Verified" Choose the ADVANCED BACKGROUND CHECK

Step 4 - Complete the four brief steps, enter your credit card information to pay the process fee, and click COMPLETE

Step 5 - Contact the Verified Volunteers Advocates at 1-855-326-1860 or email [TheAdvocates@VerifiedVolunteers.com](mailto:TheAdvocates@VerifiedVolunteers.com) if you have any questions about the platform or how their website works.

Good Deed Code 0537T08



# Hudson Volunteer Fire Department, Inc.

## Membership Application



Application Date \_\_\_\_\_ Application for: HFD \_\_\_\_\_ K-9 SAR Team \_\_\_\_\_

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./HFD K-9 SAR, 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./ HFD K-9 SAR 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./ HFD K-9 SAR 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/Search & Rescue team, 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./ HFD K-9 SAR

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

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