



Hudson Volunteer Fire Department, Inc
Application for Explorer

Date _____

Your information:

Full name _____ Date of Birth _____

Address _____ City _____ State ____ Zip _____

Social Security # _____ - _____ - _____ Driver License # (if applicable) _____

Phone _____ E-mail _____

List any allergies you may have _____

Parent/Guardian information:

Parent/Legal Guardian _____

Address if different _____ City _____ State ____ Zip _____

Phone # _____ E-mail _____

Emergency contact # _____

Applicant signature _____ Date _____

Parent/Guardian signature _____ Date _____

Office use

Date application accepted _____ Eligible for regular B membership _____

Captain of the Explorers signature: _____



Hudson Volunteer Fire Department, Inc
Explorer Program Guideline Acknowledgement

Date _____

I, _____ hereby acknowledge that I have received a copy of the Hudson Fire Department guidelines for the Explorer Program. I also understand if the guidelines Are not followed it will be grounds for my dismissal from the program.

I, _____ hereby agree to uphold the By-Laws and the Standard Operating Procedures of this Department. I also agree to participate fully in all activities associated With this Fire Department as my personal time allows. I understand that any false statements or Misrepresentation in my Explorer application will result in immediate dismissal from the program.

Explorer's name

Captain of the Explorers



Hudson Volunteer Fire Department, Inc.

Explorer HIPAA Acknowledgement

Date _____ Explorer's name _____

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Department of Health and Human Services promulgates rules and regulations to regulate the privacy and security of medical information. The purpose of the law is to improve portability of health insurance coverage, reduce healthcare fraud and abuse and to protect individual privacy of personal health records.

Please note that after HIPAA went into effect, several sets of regulations were promulgated, two rules are key for marketers—the “Privacy Rule” and the “Security Rule”. The Privacy rule creates national standards to protect the privacy of personal information, while the Security Rule governs the security of electronic healthcare information.

Penalties for Failure to Comply with HIPAA

The legislation carries heavy civil and criminal penalties for failure to comply. US DHHS Office for Civil Rights will enforce civil penalties that may include penalties from \$100 per violation to \$25,000 per calendar year. US Department of Justice will enforce criminal penalties which may include up to 10 years imprisonment and a \$250,000 fine.

I, _____, a Hudson Volunteer Fire Department Explorer, have been advised of the HIPAA law and acknowledge that any information received while performing my duties as an Explorer, will not be disclosed to anyone except when legally obligated to do so.

Explorer's signature _____

Parent/Guardian signature _____

Captain of the Explorers signature _____ Date _____



Hudson Volunteer Fire Department, Inc
Explorer Release Form

I authorize the Hudson Volunteer Fire Department, Inc., It's 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 hear-by 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 Explorer Program whenever it is discovered.

Date _____

Explorer signature _____

Print (full legal name) _____

Parent/Guardian signature _____

Captain of the Explorer signature _____