



Hudson Volunteer Fire Department, Inc.  
Application for Membership



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

[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 – Mark Loose, 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  
Mark Loose, Secretary



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

Their Lufkin address is:

515 South First St, Ste L  
Lufkin, Texas 75901

Fingerprinting hours are Monday – Friday from 8am to 5pm

No messy ink. No visit to the law enforcement booking room. Identogo 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.

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

When you schedule your fingerprinting you will need to tell them it for employment and  
You do not have a FAST form. Please have them mail the background check to  
Hudson Volunteer Fire Department - P.O. Box 154931 – Lufkin, Texas 75915

If you wish not to use Identogo, 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 \_\_\_\_\_ 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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