

Hudson Falls Fire Department



**Membership
Application
Package**

From the Preamble of Corporate By-Laws:

“The purpose of the Corporation shall be to prevent loss of lives and property, to promote fire safety and foster the family of the fire service.”

Mission Statement from Department Administrative Policy

“The primary mission of the Hudson Falls Fire Department is to provide protection to life, property and the environment from the threat of fire and explosion. The department provides many other public safety services such as; but not limited to, response to motor vehicle accidents, rescue and extrication services, water-related emergencies and public fire prevention education. Its also has a responsibility to provide assistance in the control or mitigation of hazards associated with hazardous materials releases, spills or leaks within its training and equipment capability.”

Introduction:

In order to be eligible for Active membership in the Hudson Falls Fire Department, an individual must meet the following criteria:

1. Be at least 18 years old
2. Live or work in the Village of Hudson Falls however, individuals living outside, yet within close proximity to the Village are considered for membership on a case-by-case basis
3. Be physically capable to perform the duties for the membership category in which they wish to serve.
 - a. Firefighter – the backbone of the department, responds to alarms and to render services necessary to save lives and property.
 - b. Fire Police – provide valuable service in scene security and control
 - c. Support Group - respond to alarms as requested to provide rehabilitation and support.
4. Abide by the By-laws of the of the Corporation know as the Hudson Falls Fire Department and the policies and procedures issued by the Office of the Chiefs.

Application Process:

The process begins with the completion of this membership application. Once complete you may submit it to a member of the department along with a \$10.00 application deposit. If your membership is approved, the deposit will be credited to your first year's dues (currently \$10 per year), if your application is denied, your deposit will be returned.

New York State law prohibits anyone with a conviction record for the crime of arson from belonging to a fire department. Assurance of this is accomplished through a mandatory criminal history check by the Washington County Sheriff's Office for such conviction. This check is solely looking for arson convictions. In order for this check to be performed additional forms will be required to be completed at the actual time of your application is submitted. You will need to provide positive identification, such as a driver's license, at that time

The next phase of the application process consists of an interview with an Investigation Committee. This is much like a job interview – it's a time for you to explain why you wish to join and how you feel you can contribute to the overall mission of the department.

After these few steps have been complete, the general membership at its next general meeting (once a month) will render a decision regarding your membership. You will be informed of their decision as soon as possible after the meeting.

Once accepted by the membership, arrangements will be made for a physical examination if required for your membership category. This exam is provided at no cost to you and is intended to determine your ability to safely perform your duties. If for medical reasons you are not cleared for duty in the membership category of choice, all is not lost - you might still be able to serve in another less demanding role.

The final step – once all these steps have been completed the final step is submission of your application to the Village Board for approval.

How long does all this take?

Generally an applicant can expect to be “riding the rigs” in about six weeks. On occasion it may take a little longer depending on meeting schedules and background checks but this is more the exception than the norm.

During the time your application is working through the process we encourage you to stop in the firehouse and begin to meet everyone and learn your way around. While you won't be able to attend meetings, drills or alarms, the start you make on friendships will go a long way toward increasing your overall experience in the department.

MEMBERSHIP APPLICATION

Name	Full legal name	
Address	Street	
	City, state, zip	
Contact Information	home	work/cell
	email	

Membership Category Requested		
check only one		
Firefighter	Fire Police	Support Group

Do you possess a valid NYS driver's license?

Yes

No

Current Employer	
Address	
Phone Number	
Supervisor's Name	

Are you transferring from another fire department?

Yes

No

If yes, then please provide the following and attach a letter of recommendation.

Department Name	
Address	
Phone Number	
Reason for leaving	

If you are not currently a member of another department, have you ever belonged to another emergency response organization?

Yes	No
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If yes, where and when? (if more than two, please continue on back of this application)

Department Name		
Address		
Phone Number		
Service Dates	from	to
Department Name		
Service Dates	from	to
Address		
Phone Number		

Please state your reasons for wanting to join the Hudson Falls Fire Department.

Please provide the names and contact information for three references.

Name	Phone #

Please provide the names of at least two HFFD sponsors.

I certify that the information I have given is true and correct to the best of my knowledge. I understand that giving false information will result in my denial of membership and/or expulsion. I authorize the Hudson Falls Fire Department to contact the references I have listed in an attempt to determine my suitability for membership. I release all parties from liability or damage that may result from obtaining or furnishing this information. I also understand that a criminal history check will be made by the Washington County Sheriff's Office to reveal any possible arson convictions.

I also understand that a physical examination may be required for membership and agree to follow the direction of the Department in obtaining one if required.

I have attached my \$10.00 application deposit and understand it will be applied to my first year's dues upon acceptance to membership or returned in the event of denial.

Printed Name	
Signature	
Date	

Member Receiving Application

Print name	Signature	Date



Washington County Sheriff's Department
 383 Broadway
 Fort Edward, New York 12828



**AUTHORIZATION
 FOR
 RELEASE OF INFORMATION**

Effective April 1, 2002 the New York State Legislature enacted Executive Law 837-o, which requires all applicants for membership in a volunteer fire department in New York State to undergo a criminal history check through the Division of Criminal Justice services (DCJS) to determine if they stand convicted of the crime of arson within New York State.

I, _____, have applied with the HUDSON FALLS FIRE DEPARTMENT to be a volunteer firefighter. I am aware that before I can be considered for membership, Section 837-o of the Executive Law requires that I undergo an arson conviction record check prior to acceptance.

I hereby authorize the Hudson Falls Fire Department and the Washington County Sheriff's Department to search for any record of an arson conviction in my background.

Date of birth: _____

Place of birth: _____

Social Security Number: _____

 date

 signature