



**GREENWOOD-SLIDELL**  
**VOLUNTEER FIRE DEPARTMENT**

P.O. BOX 153 SLIDELL, TEXAS 76267  
(940) 466-9634

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the medical information bureau or any other organization, institution, or person that has any records or knowledge of me or my health, to give our current insurance carrier and or GSVFD any such information. A photographic copy, Xerox copy or similar reproduction of this authorization shall be as valid as the original. I authorize GSVFD to investigate my background, driving record, personal and employment history. I understand that this background investigation will include, but not be limited to verification of all information on my employment application. I intend to contribute personal service to perform the objectives of the GSVFD. I reside and or work in the GSVFD fire district. I am at least 18 years of age.

**GREENWOOD-SLIDELL VOLUNTEER FIRE DEPARTMENT**

**Pre-Acceptance Member / Regaining Member Statement**

I authorize the Greenwood-Slidell Volunteer Fire Department to obtain information from previous employers, schools and other fire departments. I authorize my previous employer, schools and fire departments to disclose to the Greenwood-Slidell Volunteer Fire Department such information about me as the Greenwood-Slidell Volunteer Fire Department may request. \_\_\_\_\_ Initials

I verify that the statements I have made in this application and all other materials provided are true and correct. I understand that if my membership is granted, any false or incomplete statements in this application will be grounds for immediate discharge.

\_\_\_\_\_ Initials

I authorize Greenwood-Slidell Volunteer Fire Department to do a criminal background check including a check of my driving record. \_\_\_\_\_ Initials

I authorize Greenwood-Slidell Volunteer Fire Department to request and obtain medical records as needed. \_\_\_\_\_ Initials

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TDL #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
SS #

Failure to agree with any of the above statements is grounds for rejection of your application.

A copy of your driver's license and vehicle insurance verification is required upon the return of your application.