SPARKS POLICE DEPARTMENT
EXPLORER PROGRAM
APPLICATION

1701 E. Prater Way Sparks NV, 89434
775-353-2299 Fax 775-353-2488

Sparks Police Explorer Program

Purpose: The purpose of the Sparks Police Department Explorer program is to provide young people the opportunity to experience and learn about careers in law enforcement to help them determine if a career in law enforcement is for them.

Programs include:

- **Law Enforcement based training**
- **Special Event Assistance (Rib Cook-Off, Hot August Nights etc…)**
- **Community Outreach Opportunities**
- **Ride-Along Opportunities**
- **Other programs currently being designed/implemented**

INSTRUCTIONS

- Explorer applicant is to complete and sign application.
- If under 18 please have a parent review and sign where signatures requested.
- ***PLEASE PRINT OR TYPE, AND SIGN WHERE NOTED***
- Turn in completed application to the department front desk or mail to:

SPARKS POLICE DEPARTMENT
1701 E. PRATER WAY
SPARKS NV, 89434
775-353-2299

For more information on the Explorer program, visit www.SparksPolice.com or call Officer Canterbury at 775-353-2241. Email rcanterbury@cityofsparks.us

PERSONAL INFORMATION

Full Name _____DOB _____ Social Security # _____

Home Address _____City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer/ School and Grade _____ Address _____

E-mail address _____

Drivers License # _____ State ____ D.L. Valid? Yes ڤ No ڤ

D.L ever been suspended or revoked? Yes ڤ No ڤ If yes, explain why?
_____

Have you ever been charged, arrested, or convicted of a violation of any city, town, county, state, federal or other criminal offense? Yes ڤ No ڤ **(The Sparks Police Department does not accept applications from convicted felons).**

If yes, please give date, location, charges and disposition of all violations. (please use back if needed)
_____
_____
_____

EMERGENCY CONTACT INFORMATION

Name _____ Address _____ Phone #
_____or_____

Relationship _____ Work/Address _____ Doctor _____ Phone #
_____

Do you have any special requirements/health conditions the Sparks Police Department should be aware of? Yes ڤ No ڤ

If yes, please describe
_____

VOLUNTEER SKILLS/EXPERIENCE/ABILITIES

Education/Experience:
_____

Skills (Bi-lingual
etc...)_____

Days of Week/Times available:
_____

REFERENCES (Please list 5)

	Name	Relationship	Address	Phone #
1.	_____/	_____/	_____/	_____
2.	_____/	_____/	_____/	_____
3.	_____/	_____/	_____/	_____
4.	_____/	_____/	_____/	_____

5. _____/_____/_____/
_____

BACKGROUND STATEMENT

I authorize the Sparks Police Department to do a background check on any information listed. I understand omitting or falsifying information on this application will be reason for refusal or dismissal from the program. Periodic background updates will be completed, and members are expected to immediately notify the support services division of any changes in the above information. I understand the Sparks Police Department will not have to disclose the reason, if any, for not being selected to the program.

Signature _____Printed Name _____Date
_____

Sparks Police Department Cadet Program
Confidentiality Agreement

I, _____, a volunteer in the Sparks Police Department Cadet
(Cadet Name Printed)

program realize that in the course of my work I may be exposed to names, printouts of computerized criminal justice information from NCIC, NCJIS or other Criminal Justice Information Systems, and other confidential information regarding the Sparks Police Department or members of the community. I understand that the majority of the information regarding criminal acts, victims of crimes, personal information and arrest information are confidential. I also understand that all printouts of computerized criminal justice information are for criminal justice purposes only**,** may not be disseminated to anyone, and is to remain confidential.

I further acknowledge that my release of certain information without authorization may result in criminal and civil penalties.

I further understand that I may not reveal copy or release any official police reports or other information gained from volunteering at the Sparks Police Department without authorization.

By signing my name to this agreement, I understand and agree to abide by all confidentiality regulations and applicable laws. I fully understand this confidentiality agreement.

Cadet Signature _____ Date _____

Parental Consent
(REQUIRED IF UNDER 18)

At all times the Sparks Police Department Staff work to ensure the safety of your child while they are participating in the cadet program. Cadets are kept far from any violent encounter while on ride-alongs and proper safety procedures are followed during all training to ensure the safety of all participants. In the event of an emergency Sparks Police requests the pre-authorization to get your child any immediate necessary medical treatment.

I _____ authorize my child to participate in the Sparks Police Department Cadet Program. I further authorize any necessary medical treatment of my child in the event of an emergency.

Signature _____ Date _____

Background Investigator: _____ Date _____

Check box if completed: NCIC/NCJIS ☐ III ☐ Records ☐ Fingerprints ☐

Cadet Program Advisor Signature: _____ Date _____

Accepted: ☐ **Denied:** ☐

SPARKS POLICE DEPARTMENT
AUTHORIZATION TO RELEASE CRIMINAL HISTORY RECORD INFORMATION

To: Sparks Police Department and Criminal Justice Agencies

I hereby give my written consent for any criminal justice agency to disseminate my record of criminal history to the Sparks Police Department for the purpose of their Cadet Program.

I understand that a record of criminal history means the information contained in records collected and maintained by agencies of criminal justice, consisting of description which identify the subject notation of arrests, detention, indictments, information or other formal criminal charges and dispositions of charges including dismissals, acquittals, convictions, correctional supervision and release.

I hereby release, discharge, exonerate and hold harmless all Criminal Justice Agencies, including the Sparks Police Department, its agents and representatives and any person furnishing information, from any and all liability of every nature and kind arising out of the disseminating and inspection of my records of criminal history.

Print Name: _____ Signature: _____Date: _____

DOB: ____/____/_____ SS#: _____-____-_____ Photo ID Type & Number: _____

Authorized Signature of Sparks Police Department Employee: _____