



# 2023 Citizen Police Academy APPLICATION

Email Completed Application to: [nchambers@cityofsparks.us](mailto:nchambers@cityofsparks.us)

OR

\*Return this Application to: Sparks Police Attn: Support Services  
1701 E. Prater Way  
Sparks, NV 89434  
(775)353-2299

**\*Complete this application in blue ink or type.  
Applicants must be 18 years of age or older**

## I. PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last
First
Middle

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: Mo\_\_\_\_/Day\_\_\_\_/Yr.\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

## II. EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last
First

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### III. CIVIC ACTIVITIES

1- Please list any past or present membership to any City or County committees, commissions, boards, and list any past or present membership to a civic organization or community group. *(Feel free to attach your response on a separate page).*

### III. INTEREST & EXPECTATIONS

2- Please list why you are interested in attending a Citizen's Police Academy, and list what you expect to learn by attending the Citizen Police Academy. *(Feel free to attach your response on a separate page).*

**IV. ADDITIONAL**

3- How did you find out about the Citizen Police Academy? *(Feel free to attach your response on a separate page).*

4- Have you previously participated in a Citizen Police Academy or other type of academy related to public safety? If yes, please include the name of the Academy, location, date(s) of attendance and whether or not you successfully completed the training. *(Feel free to attach your response on a separate page).*

**V. LEGAL**

5- Do you have any past arrests, convictions or pending court cases? Be sure to include misdemeanors, gross misdemeanors or felonies. (Do not include traffic citations) [ ] YES [ ] NO

If you answered YES to Question 5, please list below the date, agency, charge and disposition. *(Feel free to attach your response on a separate page).*

Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

**VI. BACKGROUND AUTHORIZATION**

6- I understand that a criminal history, warrant check and license check will be conducted by the Sparks Police as part of the application process. I hereby authorize any law enforcement agency to release any and all information related to me or about me to the Sparks Police. I have signed in front of a Notary Public the attached Authority for Release of Information and Indemnification and Hold Harmless Agreement.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers/responses to the questions contained in the Citizen Police Academy application. All statements and answers are true, accurate, and correct to the best of my knowledge. I further understand that falsifying, withholding, or failing to answer any and all questions completely and accurately may cause rejection from consideration for the participation in the Citizen Police Academy.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

DO NOT WRITE IN THIS AREA – TO BE COMPLETED BY BACKGROUND INVESTIGATOR

CDS: \_\_\_\_\_ Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

NCIC: \_\_\_\_\_ Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

CJIS: \_\_\_\_\_ Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

DMV: \_\_\_\_\_ Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Notes:

PASS

FAIL

Background Investigator: \_\_\_\_\_

**SPARKS POLICE  
AUTHORITY FOR RELEASE OF INFORMATION &  
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

Last Name	First Name	Middle Name	Social Security Number

I, \_\_\_\_\_, do hereby authorize the release and full disclosure of any and all records pertaining to me to any duly authorized agent of the Sparks Police Department, whether such records are public, private or confidential. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Sparks Police Department to consider in determining my suitability for participation in a Citizen Police Academy. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein. I understand that any information obtained by, or developed as a result of, this authorization will be considered in determining my suitability for participation in a Citizen police Academy by the Sparks Police Department.

I hereby give my consent for full and complete disclosure of the records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records and records of complaint of a civil nature made by or against me, wherever located.

I understand that all materials pertaining to this background investigation become the property of the Sparks Police Department and will not be returned to me. I further agree and acknowledge that I will not be given any reason or explanation should I be disqualified from participation in the Citizen Police Academy.

I also fully understand that participation in the Citizen's Police Academy exposes me to the risk of personal injury, death, or property damage. I hereby acknowledge that I am voluntarily participating in this training and expressly agree to assume any such risk.

I agree to indemnify and hold harmless the person to whom this Waiver/Authorization for Release of Information is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I agree to indemnify and hold harmless the City of Sparks and the Sparks Police Department from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of the use or disclosure of any information obtained by those entities as a result of this Authorization for Release of Information.

A photocopy of this Authorization for Release of Information will be valid as an original, even though the photocopy does not contain an original signature.

Signature \_\_\_\_\_

**\*MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC:**

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Notarial Officer \_\_\_\_\_

# Regional Citizen Police Academy

## Rules of Conduct

**ATTENDANCE:** Regional Citizen Police Academy (RCPA) students shall sign-in at the beginning of each session, and students are expected to stay for the duration of each session. RCPA students are required to attend all training sessions, however we do understand that unexpected family issues, work issues or emergencies may occur. In the event you are unable to attend a training session, please notify a RCPA staff member as soon as possible. Students cannot have more than two missed sessions throughout the entire RCPA. We may offer a make-up session to provide you with the full learning experience depending on whether the absence was excused or not at the discretion of the RCPA staff.

**BREAKS:** You will be given breaks approximately every hour. Please take care of personal matters during the breaks and refrain from leaving the room during the sessions.

**CELLULAR PHONES/PAGERS:** We understand the need to stay connected with family and employers, however, please ensure your device is set on silent or vibrate to limit distractions. If you must text or take a phone call, please exit the classroom for your conversation.

**DRESS CODE:** Comfortable and casual attire is encouraged; however, the following will not be allowed; No clothing of transparent or see through material, No bare midriffs (half shirts), No bare feet, No spaghetti strap tank tops, or muscle shirts, Shorts or dresses must be mid-thigh length or longer. T-shirts with objectionable slogans or graphics are prohibited. If you do not meet the dress code, you will be asked to go home and change to appropriate clothing.

**STUDENT CONDUCT:** All students are expected to behave in a professional manner towards instructors and other students. Negative or disruptive behavior which impedes the learning environment will not be tolerated and the student could be asked to leave.

**TARDINESS:** Out of courtesy to the instructor(s) and your fellow students, please arrive to class 15 minutes early or on time.

**TOBACCO PRODUCTS:** Smoking or other tobacco use is **not** permitted in the classroom or building. Smoking is permitted in designated only areas outside the building. Smoking is not permitted during outside demonstrations or class instruction.

**VISITORS:** Due to the confidential material, under-cover detectives, and officer safety, the regional citizen police academy is closed to all but students, unless authorized by the Regional Citizen's Police Academy Staff.

**WAIVER OR LIABILITY:** All students **MUST** sign a waiver of liability before participating in the Regional Citizen Police Academy.

**WEAPONS:** Firearms and weapons of any kind are **prohibited** (except those carried by State licensed peace officers). Please leave all weapons at home or secured before coming into class. Any student, who is opposed to holding or shooting a firearm during the Range Shoot, *will not be required to do so*.

Should you have any questions, comments or concerns, please contact a staff member of the Regional Citizen Police Academy.

I have read and understand the CPA Rules of Conduct, and I agree to abide by said rules:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_