



SPARKS POLICE DEPARTMENT VOLUNTEER APPLICATION

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

Volunteers Assisting Sparks Community (VASC)

The purpose of the Sparks Police Volunteer program is to supplement and support Sparks Police employees with delivering police-related services to the Sparks community. Volunteers help maximize resources, help public safety services, improve community partnerships and enhance community relationships and partnerships with the Sparks Police.

Some of the volunteer opportunities:

- **Handicap Parking Enforcement**
- **Anti-Graffiti Patrol/Abatement**
- **Station Volunteers (Support Services, Detectives, Front Desk, etc.)**
- **Special Event Assistance (Rib Cook-Off, Hot August Nights, etc.)**
- **Vacation/Elderly Checks**
- **Clerical Assistance (data input, filing, answering phones, etc.)**
- **Marking/Tagging of Parked/Abandoned Vehicles**
- **High Visibility Patrol**
- **Neighborhood Watch**
- **Crime Prevention Programs**
- **Other programs currently being designed/implemented**

INSTRUCTIONS

- Volunteer applicant is to complete and sign application.
- Applicants must be 18 years of age or older
- Turn in completed application to the department front desk or mail to:

**SPARKS POLICE DEPARTMENT
SUPPORT SERVICES SECTION**

**1701 E. PRATER WAY
SPARKS, NV 89434
775-353-2241 X 509**

For more information on the VASC program, visit www.SparksPolice.com or call Support Services.

PERSONAL INFORMATION

Full Name _____ DOB _____ Social Security # _____
Home Address _____ City _____ State _____ Zip _____
Citizenship _____ Home Phone _____ Cell Phone _____ Work Phone _____
Employer (If retired, former employer) _____ Address _____
E-mail address _____ Driver's License # _____ State _____ DL Valid? Yes No
DL ever been suspended or revoked? Yes No 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 No **(The Sparks Police Department does not accept applications from convicted felons.)**

If yes, please give date, location, charges and disposition of all violations.

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 No

If yes, please describe _____

VOLUNTEER SKILLS/EXPERIENCE/ABILITIES

Education/Experience: _____

Skills (Bilingual, etc.): _____

Days of Week/Times available: _____

Clothing Sizes: Shirt (S, M, L, etc.) _____ Pants (32x34, etc. for males or size 8, 10, etc. for females) _____

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 Volunteer (VASC) Program Confidentiality Agreement

I, _____, a volunteer in the Volunteers Assisting Sparks
(Volunteer name printed)

Community (VASC) 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 is confidential. I also understand that all printouts of computerized criminal justice information is for criminal justice purposes **only**, may not be disseminated to anyone, and is to remain confidential.

I 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.

Volunteer Signature: _____ Date _____

Background Investigator: _____ Date _____

Check box if completed: NCIC/NCJIS III CDS Fingerprints

Volunteer Program Coordinator Signature: _____ Date _____

Support Services Supervisor Signature: _____ Date _____

Interview conducted by: _____ 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 records of criminal history to the Sparks Police Department for the purpose of their Volunteer Program (VASC).

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: _____