

# Sparta Police Department

## Citizens' Academy Application Form



Become an Ambassador for your community.

All information provided and statements made by me as part of this application, or as part of any additional information provided in support of this application, are complete, correct, and true to the best of my knowledge.

### Personal Information

Name in Full (include middle initial): \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_

### Employment Information – only necessary if you live outside of Sparta Police Department

Name of Employer (if any): \_\_\_\_\_

Job Title/Profession: \_\_\_\_\_

### Purpose of Application

What do you hope to learn from your participation in the Sparta Police Department Citizens' Academy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Commitment

The Citizens' Academy program consists of 8 Tuesday evenings and 2 Saturday morning sessions. Out of consideration for other applicants, do you agree to attend ALL sessions of the Citizens' Academy? Yes \_\_\_\_\_ No \_\_\_\_\_

### Participation in Firearms Training

Do you now, or have you ever had, a serious illness/injury which could preclude you from safely participating in live firearm training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details. \_\_\_\_\_

### Authorization to conduct Law Enforcement Check

Have you ever been CHARGED with a felony offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been CONVICTED of a felony offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, list details: \_\_\_\_\_

\_\_\_\_\_

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Sparta Police Department  
121 E Oak St.  
Sparta, WI 54656

Phone: 608-269-3122  
Fax: 608-269-2156

**CITIZEN POLICE ACADEMY**

**RELEASE OF LIABILITY**

In consideration of the benefits that I will receive from my participation in the Sparta Police Department Citizens' Academy, I do hereby release the City of Sparta, its police personnel, agents, public officials, servants, and employees from any and all liability, claims, demands, actions and causes of actions which I may hereafter have on account of any and all injuries and damage to me or my property, arising out of or related to any happening or occurrence while I am participating in the Citizen Police Academy. For the consideration, I agree to forever hold the City of Sparta and said persons aforementioned harmless from any such liability, claims, demands actions, or causes of action.

The terms hereof shall be in full force and effect during the period of my participation in the Sparta Police Department Citizens' Academy.

If accepted, I agree to adhere to the rules and regulations of the Sparta Police Department and City of Sparta.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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

**Return completed application to the following address by Monday, March 28, 2016**

Sparta Police Department  
Sergeant Joel Ames (Citizens' Academy)  
121 East Oak Street  
Sparta, WI 54656

\_\_\_\_\_  
Academy Coordinator Review  
Accepted: Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Signature    Date