



Sparta Police Department

Police Reserve Unit Volunteer Application

APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	DATE
NAMES PREVIOUSLY USED			
ADDRESS (STREET, CITY, STATE, ZIP)			
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)			
CELL OR HOME PHONE	EMAIL ADDRESS		

EDUCATION			
	NAME AND LOCATION OF SCHOOL	DEGREE – MAJOR COURSEWORK	GRADUATION DATE
HIGH SCHOOL			
COLLEGE			
OTHER			

EMPLOYMENT			
NAME/ADDRESS OF EMPLOYER	SUPERVISOR NAME & PHONE NUMBER	REASON FOR LEAVING	DATES EMPLOYED FROM/TO
1)			
2)			
3)			

REFERENCES			
NAME/ADDRESS OF REFERENCE	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
1)			
2)			
3)			

Describe any related experience or training, including military service, reserves, police volunteering, etc. (This section is optional.)

On a separate sheet, please explain why you want to become a volunteer with the Sparta Police Department.

DRIVER LICENSE VERIFICATION INFORMATION				
DRIVER LICENSE NUMBER	STATE	BIRTHDATE	DATE ISSUED	DATE EXPIRES
SEX (M/F)	HEIGHT (FT/IN)	WEIGHT (LBS)	EYE COLOR	HAIR COLOR

TRAFFIC ACCIDENTS AND/OR CITATIONS			
*ATTACH ADDITIONAL SHEETS IF NECESSARY			
ACCIDENT/CITATION LOCATION	DATE	VIOLATION	DISPOSITION - FINE/JAIL
1)			
2)			
3)			
4)			
5)			

ARRESTS AND/OR ORDINANCE CITATIONS			
*ATTACH ADDITIONAL SHEETS IF NECESSARY			
ARREST/ORDINANCE CITATION LOCATION	DATE	CHARGES FILED/VIOLATION	DISPOSITION - FINE/JAIL
1)			
2)			
3)			
4)			
5)			

RELEASE OF INFORMATION

I, the undersigned, hereby empower any employee of the Sparta Police Department to obtain any records and information concerning the enumerated items below, reference to my application for the Police Reserve Program.

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result from/to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply within. I understand that the results are confidential, and I do not have access to them, as the information is obtained from sources in confidentiality.

- 1. From law enforcement or criminal justice agencies.
- 2. From current or past employers.
- 3. From schools and learning institutions.
- 4. From medical, physical, mental offices, clinics, hospitals, treatment facilities or other institutions engaged in such services.

Signature _____ Date Signed _____

NOTE - Applications can be mailed to:

**Sparta Police Department
Reserve Liaison Officer
121 E. Oak Street
Sparta, WI 54656**

Applications can also be faxed to:

**Sparta Police Department
Attn: Chief Emilee Nottestad
608-269-2156**

Emailed to:

enottestad@spartawisconsin.org or arevels@spartawisconsin.org

Questions:

Call 608-269-3122

POLICE RESERVE USE ONLY

INTERVIEWER: _____ INTERVIEW DATE: _____ TIME: _____ HIRED: YES NO WAIT LIST