

## S.P.A.R.R. Registration

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1. Contact the DuPage County Sheriff's Office at 630-407-2400
2. Meet with Sheriff's Office personnel to register
3. Complete an information packet with help from Sheriff's Office personnel
4. Provide a recent photo and sign the required

## S.P.A.R.R. Helpful Hints

Should your loved one become lost or missing:

- ◆ Remain calm
- ◆ Call 911 immediately
- ◆ Advise the dispatcher your loved one is a member of the S.P.A.R.R. Program
- ◆ Answer the dispatcher's questions to the best of your ability
- ◆ Have someone stay at

DuPage County Sheriff's Office  
501 N County Farm Road  
Wheaton, IL 60187  
[www.co.dupage.il.us/sheriff](http://www.co.dupage.il.us/sheriff)

Sheriff's Program for  
At Risk Residents

# S.P.A.R.R.

# R.

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Sheriff  
John E. Zaruba

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## The DuPage County Sheriff's Office Presents

Sheriff John E. Zaruba is proud to announce a voluntary program designed to assist residents of DuPage County who may be at greater risk of becoming confused, lost, disoriented or missing.



This program provides the Sheriff's Office with the at risk resident's relevant information prior to an emergency.

The S.P.A.R.R. program is designed to increase public awareness to help us find those missing children or adults who may have wandered off or have become

## How It Works

Simply contact the DuPage County Sheriff's Office to register your loved one. You or your loved one will be asked a series of important questions that you will need to answer. You will be asked to supply a current photo of the participant.

The key to the program is the use of information you provide regarding your loved one. The information is stored in a data base that is maintained and accessed in case of an emergency.

Registering your information with the Sheriff's Office allows us to quickly dispatch

your valuable information in the event of an emergency.

## Who Is Eligible?

- ◆ Any resident within DuPage County
- ◆ Anyone who could be at risk of becoming missing/lost
- ◆ Anyone who could benefit from being registered in the program

Some examples of people who may benefit from the program are:

- ◆ Dementia patients
- ◆ Alzheimer's patients
- ◆ Elderly persons
- ◆ Autistic persons



## S.P.A.R.R. release

I represent that I, \_\_\_\_\_ am of legal age and capacity and that I represent \_\_\_\_\_ as the (parent or legal guardian - copy of 'letter of office' attached as applicable) and acknowledge that the information provided herein has been given freely and voluntarily and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve \_\_\_\_\_. I, therefore and on behalf of \_\_\_\_\_ authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving \_\_\_\_\_. I agree to the dissemination of this information to any police, fire and emergency response agencies which may need access to this information in order to respond to an emergency or potential emergency which may involve \_\_\_\_\_. I acknowledge that by providing this information for the purpose stated above that \_\_\_\_\_ is not entitled to any preferential treatment nor a more timely response to any emergency or potential emergency. I agree keep this information current and acknowledge that the information provided becomes the property of the DuPage County Sheriff's Office for the purpose stated above. I further for \_\_\_\_\_, his/her heirs, executors, administrators, personnel representatives and assigns waive and release any and all rights, claims and causes of action which they may have against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving \_\_\_\_\_. I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between \_\_\_\_\_ and those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving \_\_\_\_\_ and that the aforementioned police, fire and emergency response agencies do not waive or limit any defense or immunity available to them by law.

Signed \_\_\_\_\_

Printed name \_\_\_\_\_

Today's date \_\_\_\_\_



## S.P.A.R.R. release

I represent that I, \_\_\_\_\_, am of legal age and capacity and acknowledge that the information provided herein has been given freely and voluntarily and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve me. I, therefore, authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me. I agree to the dissemination of this information to any police, fire and emergency response agencies which may need access to this information in order to respond to an emergency or potential emergency which may involve me. I acknowledge that by providing this information for the purpose stated above I am not entitled to any preferential treatment nor a more timely response to any emergency or potential emergency. I agree keep this information current and acknowledge that the information provided becomes the property of the DuPage County Sheriff's Office for the purpose stated above. I further for myself, heirs, executors, administrators, personnel representatives and assigns waive and release any and all rights, claims and causes of action which I may have against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me. I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between me and against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me and that the aforementioned police, fire and emergency response agencies do not waive or limit any defense or immunity available to them by law.

Signed \_\_\_\_\_

Printed name \_\_\_\_\_

Today's date \_\_\_\_\_

**SPARR APPLICATION**

**REPORT # \_\_\_\_\_ SPARR #(FROM BRACELET) \_\_\_\_\_**

NAME	DATE OF BIRTH	SEX	RACE
		M <input type="checkbox"/> F <input type="checkbox"/>	

HEIGHT	WEIGHT	HAIR	HAIR STYLE	EYE	GLASSES	PLACE OF BIRTH
					YES <input type="checkbox"/> NO <input type="checkbox"/>	

ADDRESS	CITY	SOCIAL SECURITY #

HOME PHONE #	CELL PHONE #	WORK PHONE #

NAME OF BUSINESS	WORK ADDRESS	CITY

SCARS/MARKS/TATTOOS

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NICKNAMES OR PREVIOUS NAMES

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DRIVER'S LICENSE#	DRIVER'S LICENSE STATE	VEHICLE MAKE	VEHICLE MODEL

VEHICLE COLOR	LICENSE PLATE #	LICENSE PLATE STATE

NAME OF SCHOOL	ADDRESS	CITY	SCHOOL PHONE

DOES CHILD WALK TO/FROM SCHOOL, TAKE THE BUS OR GET A RIDE?

WALK <input type="checkbox"/>	BUS <input type="checkbox"/> ROUTE OR BUS #	GETS A RIDE <input type="checkbox"/>
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IF WALKS, WHAT ROUTE DOES HE/SHE TAKE AND WHO DOES HE/SHE WALK WITH?

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IF TAKES BUS, NAME OF BUS COMPANY BUS COMPANY PHONE #

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**REPORT # \_\_\_\_\_ SPARR #(FROM BRACELET) \_\_\_\_\_**

IF DRIVEN, NAME OF DRIVER	DATE OF BIRTH	ADDRESS	CITY

HOME PHONE# OF DRIVER	CELL PHONE# OF DRIVER	WORK PHONE# OF DRIVER

DRIVER'S VEHICLE MAKE	DRIVER'S VEHICLE MODEL	DRIVER'S VEHICLE COLOR

DRIVER'S VEHICLE LICENSE PLATE #	DRIVER'S VEHICLE LICENSE PLATE STATE

FAVORITE PLACES TO FREQUENT (PARKS, ETC)

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MEDICAL DIAGNOSIS	MEDICATIONS

PRIMARY DOCTOR'S NAME	DOCTOR'S PHONE#

REGISTRANT'S PREVIOUS HOME ADDRESSES (INCLUDE CITY)

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REGISTRANT'S PREVIOUS WORK ADDRESSES (INCLUDE CITY)

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HAS REGISTRANT BEEN MISSING BEFORE? IF YES, WHEN AND WHERE LOCATED?

Yes <input type="checkbox"/> No <input type="checkbox"/>	
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LIKES, DISLIKES, & HABITS OF REGISTRANT

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IS THERE A KEYPAD TO GET IN HOUSE? WHAT IS THE CODE?

YES <input type="checkbox"/> NO <input type="checkbox"/>	
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IS THERE A KEY HIDDEN SOMEWHERE?

YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE
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**REPORT # \_\_\_\_\_ SPARR #(FROM BRACELET) \_\_\_\_\_**

EMERGENCY CONTACTS: (LIST IN ORDER OF CONTACT PREFERENCE)

NAME	DATE OF BIRTH	RELATIONSHIP TO REGISTRANT

ADDRESS	CITY

HOME TX	CELL TX	WORK TX

DOES THIS PERSON HAVE A KEY TO THE HOUSE?

YES  NO

NOTES

NAME	DATE OF BIRTH	RELATIONSHIP TO REGISTRANT

ADDRESS	CITY

HOME TX	CELL TX	WORK TX

DOES THIS PERSON HAVE A KEY TO THE HOUSE?

YES  NO

NOTES

NAME	DATE OF BIRTH	RELATIONSHIP TO REGISTRANT

ADDRESS	CITY

HOME TX	CELL TX	WORK TX

DOES THIS PERSON HAVE A KEY TO THE HOUSE?

YES  NO

NOTES

