



**Winnebago County Sheriff's Office  
Law Enforcement Citizen's Academy**

Application for Enrollment

Application Deadline: **FRIDAY AUG. 15, 2025**



If you are accepted for enrollment in the Winnebago County Sheriff's Office Law Enforcement Citizen's Academy, you will be subject to a criminal history background check. Please answer all questions as accurately as possible, as providing false information or misrepresentation of personal information will be grounds for denial of admission into the Citizen's Academy, or if already enrolled, immediate dismissal from the Citizen's Academy. Because applicants will be handling firearms, any person convicted of a felony or domestic violence will be precluded from the Citizen's Academy. All information provided here will be kept confidential.

The Winnebago County Sheriff's Office reserves the right to cancel the Citizen's Academy at any time due to low enrollment. Acceptance in the Law Enforcement Citizen's Academy will be on first come, first served basis.

Name (Last, First, MI): \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License or State Issued ID Number: \_\_\_\_\_ State \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Please circle shirt size:            S            M            L            XL            2XL            3XL

List Memberships in community groups, organizations, etc.: \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Law Enforcement Citizen's Academy? \_\_\_\_\_

\_\_\_\_\_

Briefly explain what you hope to achieve by participating in the Citizen's Academy? \_\_\_\_\_

\_\_\_\_\_



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Are you affiliated with any Law Enforcement Agency? If yes, explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or are you currently on Probation/Parole? If yes, explain. \_\_\_\_\_

\_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I hereby certify that all the information contained in this application complete and accurate. I understand that the Winnebago County Sheriff's Office will be conducting a background investigation on me to determine suitability for admission to the Citizen's Academy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mail, Email or Drop off your completed application by **Friday August 15, 2025:**

Winnebago County Sheriff's Office  
4311 Jackson Street  
Oshkosh, WI 54901  
ATTN: LT. CJ Last – Citizen's Academy

[clast@winnebagocountywi.gov](mailto:clast@winnebagocountywi.gov)