



DANE COUNTY SHERIFF'S OFFICE CITIZENS ACADEMY Application for Enrollment

Name (Last, First, Middle)		Gender	Date of Birth	Date of Application
Mailing Address			Zip Code	Home Telephone
Home Address				County of Residence
Place of Employment	Occupation	Work Telephone	E-mail Address	
List all cities and states you have resided in.				
How did you hear about the Sheriff's Citizen Academy?			List Memberships in community groups, civic organizations, etc.	

If you are accepted for enrollment into the Citizens Academy, you will receive instructions and educational materials related to the law enforcement mission of the Dane County Sheriff's Office. As such, some of the material presented will be privileged, or confidential in nature. Due to the sensitivity of this information, it is necessary for the Dane County Sheriff's Office to complete a background check to determine the suitability of those persons desiring to attend the academy classes. Please answer the following questions accurately and as completely as possible. Any intentional misrepresentation or omission of facts will be grounds for denial of admission to the academy, or if already enrolled immediate termination could result. A criminal history check will be conducted on all persons enrolling in the Dane County Sheriff's Citizen Academy. The information contained within this application will be kept confidential.

Driver's License or Identification Number	State	Social Security Number
Do you go by any other names or aliases now, or in the past? If yes, list and explain.		Meeting locations vary throughout Dane County. Do you have access to a vehicle or have the ability to get a ride?
Are you a member of, or have you ever been affiliated with a law enforcement agency? If yes, explain.		
Have you ever been convicted of a felony or are you currently on probation/parole for any offense? If yes, explain.		
Name, Address and Telephone Number of an Emergency Contact		Relationship

APPLICANTS MUST COMPLETE THE FOLLOWING:

I _____ hereby acknowledge I have completed the above application completely and accurately. I understand the Dane County Sheriff's Office will be conducting a background investigation on me to determine my suitability for admission to the academy. Permission is hereby granted to conduct a background investigation based on the information provided in this application.

Signature of Applicant

Date

Mail or drop off your completed application to:

Dane County Sheriff's Office
115 W. Doty Street
Madison, WI 53703
ATTN: Elise Schaffer-Citizens Academy