

# Citizen Police Academy 1.0

## Application



*Marblehead Police Department in  
Partnership with the Marblehead  
Council on Aging*



### Celebrating the 11<sup>th</sup> Citizen Police Academy (CPA) Class!!

April 23, 2026 – June 11, 2026

Meets every Thursday Evening from 6:00pm– 9:00pm

At the Marblehead Council on Aging – with daytime class trips to;  
Essex County Middleton House of Correction  
Salem Court House

#### What CPA 1.0 Graduates Say

*“Best class I’ve ever taken!” . . . “An eye-opening educational experience.”*

*“Now I have a much better understanding of the Police Department’s daily responsibilities” . . . “Great classes and field trips!”*

**Applications are accepted until the class is full.**

Class size is limited and will be open to Marblehead residents who are at least 18 years of age. Applicants are expected to attend all sessions and submit to a Criminal Offender Record Information (CORI) check as part of the application process. The **CPA Application**, **CORI form**, and **CPA Brochure** – can be downloaded from [marbleheadma.gov/citizen-police-academy](http://marbleheadma.gov/citizen-police-academy).

For questions about the application process or the Academy itself, please contact Lieutenant David Ostrovitz at the Marblehead Police Department (or) Janice Salisbury-Beal at the Marblehead Council on Aging, contact information below.

#### Consent to Photograph and Record

I grant permission  I do not grant permission  to Marblehead Citizens Police Academy, its representative, and authorized media partners to photograph, video record, and/or audio record the below named applicant during Citizen Police Academy related activities, events, programs and field trips. I understand and agree that such photographs, video recordings and audio recordings may be used only for lawful purposes limited to promotional and marketing material, COA and MPD websites and social media platforms. I acknowledge that I will not receive any compensation, payment, or royalties for the use of such images or recordings.

# Citizen Police Academy 1.0

## Application (page 2)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail, drop off, or scan/email completed application to:**

Lieutenant David Ostrovitz  
Marblehead Police Department  
11 Gerry Street Marblehead,  
MA 01945  
dostrovitz@marbleheadma.gov  
781.631.1212

(or) Janice Salisbury-Beal  
Marblehead Council on Aging  
10 Humphrey Street Marblehead,  
MA 01945  
salisburybealj@marbleheadma.gov  
781.631.6225

V03062026



**THE COMMONWEALTH OF MASSACHUSETTS**  
**EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY**  
**Department of Criminal Justice Information Services 200**  
 Arlington Street, Suite 2200, Chelsea, MA 02150  
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
 MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization.**

**Criminal Offender Record Information (CORI)**  
**Acknowledgement Form**

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

\_\_\_\_\_ is registered under the  
 \_\_\_\_\_  
 (Organization)  
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. \_\_\_\_\_ has authorized  
 \_\_\_\_\_  
 (Organization)  
 \_\_\_\_\_ to submit CORI checks  
 \_\_\_\_\_  
 (Consumer Reporting Agency)  
 to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to \_\_\_\_\_  
 \_\_\_\_\_  
 (Consumer Reporting Agency) to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing \_\_\_\_\_  
 \_\_\_\_\_  
 (Organization) with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact \_\_\_\_\_  
 \_\_\_\_\_  
 (Organization)

to request this information

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

I also understand that the \_\_\_\_\_, on behalf of  
 \_\_\_\_\_  
 (Consumer Reporting Agency) \_\_\_\_\_ may conduct  
 \_\_\_\_\_  
 (Organization) subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS**



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*