Citizen Police Academy 1.0
Application

Marblehead Police Department in Partnership with the Marblehead Council on Aging

Celebrating the 11th 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**.**

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*