

The Commonwealth Of Massachusetts
County Of Hampden



NICHOLAS COCCHI
SHERIFF

OFFICE OF THE
SHERIFF



CIVILIAN OUTREACH CORRECTIONS ACADEMY
APPLICATION FOR ADMISSION

Name: _____

Address: _____ Zip Code: _____

Date of Birth: ____/____/____ Social Security #: ____ - ____ - ____

Phone Number: () _____

Cell Phone Number (if applicable): () _____

E-mail: _____

Are you a member of a Neighborhood Watch, Council/Civic Association? _____

Do you currently have any family members incarcerated at the Ludlow Facility? _____

If yes, please list their name(s): _____

How did you hear about this program? _____

- The next academy is scheduled to begin in April 3, 2019, on Wednesday evenings, and will meet for six consecutive weeks for 2-3 hours per night.
- There is no charge and the class is open to all Hampden County residents 18 years and older.

Send in this application today.

I am submitting my name for consideration for admission to the Hampden County Sheriff's Department's Civilian Outreach Corrections Academy. I understand that a record check will be conducted. I also understand this is an educational opportunity.

Signature: _____ Date: _____

For more information, please call (413) 858-0185. Mail this completed form to:

Officer Alyssa Anderson
Hampden County Sheriff's Department
627 Randall Road, Ludlow, MA 01056
Or by email to alyssa.anderson@sdh.state.ma.us

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

_____ The Hampden County Sheriff's Department _____ 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 volunteers.

As a prospective or current volunteer, I may be working with youth from the community; I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the
_____ Hampden County Sheriff's Department _____ to submit a CORI check for
(Organization)

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 the
_____ Hampden County Sheriff's Department _____ with written notice of my intent to withdraw consent to a CORI check.

FOR VOLUNTEER, PURPOSES ONLY:

The _____ Hampden County Sheriff's Department _____ may conduct subsequent
(Organization)

CORI checks within one year of the date this Form was signed by me, provided, however, that
_____ the Hampden County Sheriff's Department _____ must first provide me with written
(Organization)
notice of this check.

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 Applicant

Date

APPLICANT 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: _____

APPLICANT VERIFICATION * TO BE FILLED OUT BY SHERIFF'S DEPARTMENT STAFF ONLY*

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