



MICHAEL G. BELLOTTI

NORFOLK COUNTY SHERIFF

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NORFOLK SHERIFF'S OFFICE CITIZENS ACADEMY (Application)

NAME: _____
Last Name First Name Middle

ADDRESS: _____
Number Street Apt

City State Zip

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

IMPORTANT NOTICE: A criminal background check will be conducted for each participant. By signing below you hereby grant the Norfolk Sheriff's Office authority to conduct a criminal background check. The findings will be for NSO Citizen's Academy purposes only and will be kept confidential.

ALSO: By signing below, you hereby release and hold harmless the Norfolk Sheriff's Office, its employees, and the Commonwealth of Massachusetts from any injury or illness, and medical transportation costs. Furthermore, by signing below you grant the Norfolk Sheriff's Office permission to use and publicize your photograph and/or videos of you while attending the academy.

Signature _____ Date _____

Please share why are interested in attending the Citizens Academy _____

Please mail completed applications to Norfolk Sheriff's Office, Attn: Joseph Canavan, P.O. Box 850267, 2015 Washington Street, Braintree MA 02184. If you have any questions please call 781-751-3516 or email jcanavan@norfolksheriffma.org