



The Commonwealth of Massachusetts

County of Plymouth

Sheriff's Department

24 Long Pond Road

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www.pcsdma.org



Joseph D. McDonald, Jr.  
Sheriff

Gerald C. Pudolsky  
Special Sheriff

# Citizen Sheriff's Academy APPLICATION

Accredited by:



American Correctional Association



National Commission on  
Correctional Health Care

The Citizen Sheriff's Academy is an educational program hosted by Sheriff Joseph D. McDonald Jr. to give residents of Plymouth County an opportunity to learn more about the functions and services of the Sheriff's Department. The Academy consists of classroom instruction, facility tours, and practical demonstrations by various members of PCSD. Attendance is voluntary. We ask you attend each class to receive your certificate at the end of the 10-week Academy. The Academy is meant to be informational; you will **NOT** be trained as law enforcement/corrections officers or personnel at the completion of the course.

**Name:** \_\_\_\_\_  
(LAST) (FIRST) (MI)

**Address:** \_\_\_\_\_  
(STREET) (UNIT #)

\_\_\_\_\_  
(CITY/TOWN) (STATE) (ZIP)

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

The Plymouth County Sheriff's Department will conduct a criminal records check on ALL applicants. This will ensure that citizen participants do not pose a risk to security. All information is kept confidential. Your cooperation and understanding is appreciated. **Please return this application and the signed RELEASE FORM to the above address by September 2, 2008 ATTN: PUBLIC INFORMATION OFFICE**

**Plymouth County Sheriff's Department  
Citizen Sheriff's Academy  
RELEASE FORM**

I, \_\_\_\_\_, have voluntarily provided the Plymouth County Sheriff's Department with my personal information and authorize the Plymouth County Sheriff's Department to conduct a background investigation on me. I understand that this investigation may include a criminal records check with local police departments, the State Police, the Federal Bureau of Investigation (F.B.I.), and the Massachusetts Board of Probation. I further understand the purpose of this investigation will be to determine an individual's suitability to participate in the Plymouth County Sheriff's Department's "CITIZEN SHERIFF'S ACADEMY", as well as their suitability, as set forth by Department standards and policy(s), to enter the secure areas of the Plymouth County Correctional Facility (P.C.C.F.).

I, \_\_\_\_\_, hereby release, discharge, and exonerate the Plymouth County Sheriff's Department, it's agents, employees and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by or on behalf of the Plymouth County Sheriff's Department as well as for any injury or claim arising out of my voluntary participation in the Plymouth County Sheriff's Department "CITIZEN SHERIFF'S ACADEMY."

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

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