

TENNESSEE APPLICATION FOR *DARE* OFFICER TRAINING
(Please print neatly)

Full Name: _____ Rank/Title: _____

Agency Name: _____ Sex: _____ Social Security Number
(last 4): ***-**-_____ DOB: _____ Home Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

Email Address (NEATLY): _____

**Your training correspondence & confirmation will be emailed to the email you list above.

Agency Address: _____

City: _____ State: _____ Zip: _____

Agency Telephone Number: _____

Your Supervisor's Name & Rank: _____

Chief/Sheriff's Name: _____

In case of emergency contact: _____ Telephone: _____

Do you have any significant health problems or life-threatening allergies? _____

If so, please list: _____

Name as you want it on your certificate (No nick names): _____

Educational Experience:

_____ High School _____ Some College _____ Junior College
_____ Bachelor's Degree _____ Master's Degree _____ Doctorate

I am a certified commissioned/sworn police officer with full enforcement authority:

Number of years as a P.O.S.T certified commissioned officer. _____

I am assigned to:

_____ Juvenile _____ Community/Public Relations _____ Narcotics
_____ Uniform/Patrol _____ School Resource Officer _____ Investigati

Applicant Survey:

I am attending the DARE Officer Training because:

I have requested to attend I have been ordered to attend

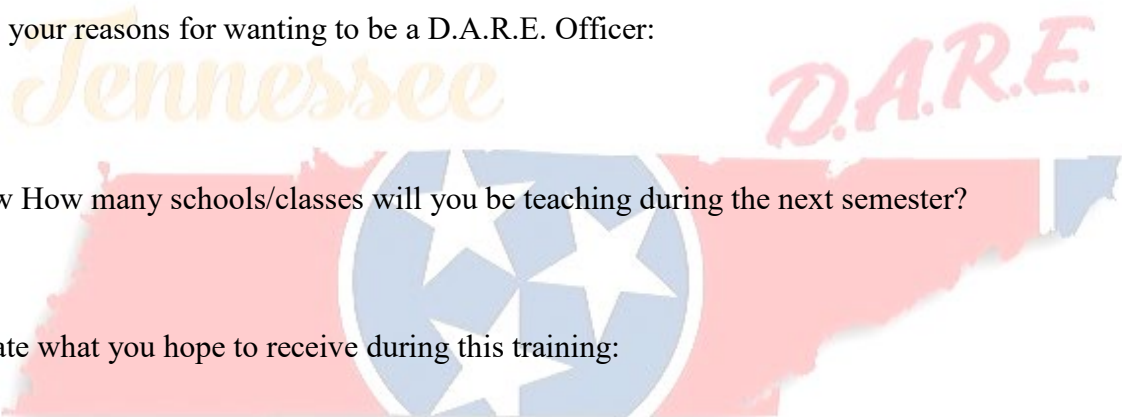
I am not certain

Please describe how you were selected (if applicable)

My knowledge of D.A.R.E.:

I know very little about the program I have some knowledge about the program I have a good understanding of the program

Please state your reasons for wanting to be a D.A.R.E. Officer:



Do you know How many schools/classes will you be teaching during the next semester?

Please indicate what you hope to receive during this training:

*I will be able to completely devote time and energies to this training

yes no

*I will clear my calendar of **any and all obligations** during the two-week period of training. yes

no

Authorization:

I attest that all information in this application is submitted in good faith to be accurate and true.

Applicant's Signature

Date

Applicant's Name Print

MUST BE COMPLETED BY AGENCY HEAD:

***The applicant/officer will be given sufficient time to properly deliver the D.A.R.E. curriculum:**

____yes ____no

***I understand that D.A.R.E. Officer Training is a comprehensive program that will demand the undivided attention of the applicant/officer, and I am aware that 100% attendance is mandatory:**

____yes ____no

***I understand that the applicant/officer must successfully demonstrate the knowledge, attitudes, and skills necessary to effectively deliver the D.A.R.E. curriculum in order to be certified. Not all applicants may graduate.**

____yes ____no

***I understand that the applicant/officer must teach the full 10-week program (either elementary or middle school) within the first school year to retain certification.**

____yes ____no

***I understand that the applicant/officer must send in a copy of their D.A.R.E. schedules at the beginning of each semester to the State Coordinator.**

____yes ____no

***I understand that the State Coordinator may conduct random observations of D.A.R.E. Officers to ensure that the curriculum is being taught as required.**

____yes ____no

Agency Head's Signature

Date

Sergeant Kasey Fitts
Tennessee Highway Patrol Training Center
283 Stewarts Ferry Pike.
Nashville, TN 37214

Email: kasey.fitts@tn.gov

***All spaces are reserved on a first-come, first-serve basis. Due to space limitations, please forward completed applications as soon as possible.**

This training is recognized by the Tennessee Peace Officer Standards & Training Commission (P.O.S.T.)

