

**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 certified commissioned/sworn officer \_\_\_\_\_

***\*\*A copy of your POST certification must be forwarded with this application\*\****

I am assigned or have had assignments:

\_\_\_\_\_ Juvenile                      \_\_\_\_\_ Community/Public Relations                      \_\_\_\_\_ Narcotics

\_\_\_\_\_ Uniform/Patrol                      \_\_\_\_\_ School Resource Officer                      \_\_\_\_\_ Investigation

**Certification:**

\*Applicant will teach D.A.R.E. in the next semester: \_\_\_\_\_yes \_\_\_\_\_no

\*Applicant will be able to completely devote time and energies to this training  
\_\_\_\_\_yes\_\_\_\_\_no

\*Applicant’s calendar is cleared of any and all obligations during the two-week period of training. \_\_\_\_\_yes \_\_\_\_\_no

**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:

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

Please indicate what you hope to receive during this training:

Authorization:

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

\_\_\_\_\_  
Agency Head’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Officer Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY AGENCY HEAD:**

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

\_\_\_\_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**

\*A full application consisting of the application and a copy the applicants P.O.S.T. Certification Certificate should be sent to:

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

**Email: [kasey.fitts@tn.gov](mailto: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.)**