

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 you will be teaching during the next semester / school year?

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.)



D.A.R.E. INSTRUCTOR INFORMATION SHEET

INSTRUCTIONS: Please complete this form and return to the facilitator of your training. The completion of this form is necessary to ensure your certification as a D.A.R.E. Instructor.

PERSONAL INFORMATION

Rank / Title:	First Name:
Middle Initial:	Last Name:
Email:	Last 4 digits of SSN:

AGENCY INFORMATION

Agency Name:	
Mailing Address:	
City:	County:
State/Province:	Zip Code:
Phone:	Other Contact No.:

Are you replacing an instructor who is leaving your D.A.R.E. Unit and will no longer be teaching a D.A.R.E. curriculum?

Yes No

If yes, what is the name of the instructor(s) you are replacing?

Is this the first time your agency will implement the D.A.R.E. program or curricula?

Yes No

TRAINING INFORMATION

Which State or Training Center provided this training? _____

Which type of training are you receiving? (Please check one)

D.A.R.E. Officer Training (DOT)

Mentor Officer Training (MOT)

Senior High School Training

Community Program Training

Other: _____

DATE TRAINING COMPLETED

/ /
month day year

Note to State Training Director: Please include all Instructor Information Sheets with the completed training documentation to your Regional Director.