

TENNESSEE HIGHWAY PATROL D.A.R.E. TRAINING CENTER

APPLICATION for D.A.R.E. OFFICER TRAINING

PARTICIPANT (PLEASE TYPE OR PRINT)			S.S. #: - -
Last Name:	First:	M.I.:	Rank:
AGENCY INFORMATION			
Agency:			
Address:			
City:		State:	Zip Code:
Telephone:	Fax:	Pager:	
Agency Head:			Title:
PERSONAL INFORMATION (TO BE COMPLETED BY THE OFFICER)			
Home Address:			Telephone:
City:		State:	Zip Code:
Do you smoke?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you prefer a smoking or non- smoking room?	<input type="checkbox"/> S <input type="checkbox"/> NS
Your name as you wish it to appear on your name tag: (NO NICKNAMES)			
Your name as you wish it to appear on your certification:			
Do you have any significant health problems? <input type="checkbox"/> YES <i>IF YES, DESCRIBE BELOW:</i> <input type="checkbox"/> NO			
In case of emergency, contact:			Relation:
Location:			Telephone:
EDUCATIONAL EXPERIENCE			
<input type="checkbox"/> High School	<input type="checkbox"/> Some College - hrs. completed _____	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Doctorate
<input type="checkbox"/> GED	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Masters Degree	<input type="checkbox"/> Other
LAW ENFORCEMENT EXPERIENCE (ANSWER ALL QUESTIONS CAREFULLY AND ACCURATELY)			
I am a certified, full-time, commissioned/sworn officer with full enforcement authority: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Date of certification as a commissioned/sworn officer by the P.O.S.T. Commission:			
If less than 2 years experience, date of employment with your current department:			
If less than 2 years experience, total full-time commissioned service with other departments:			
list name of department and dates employed:		1	
		2	
		3	
		4	
I am currently assigned to:			
<input type="checkbox"/> UNIFORM/PATROL	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> NARCOTICS	<input type="checkbox"/> OTHER
<input type="checkbox"/> SRO	<input type="checkbox"/> PUBLIC INFORMATION	<input type="checkbox"/> INVESTIGATIONS	
<input type="checkbox"/> COMMUNITY POLICING			
TO BE COMPLETED BY THE AGENCY HEAD			
Our agency intends to use the officer/applicant during the next school semester:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
The officer will be used to instruct D.A.R.E.:		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART-TIME
The officer will be given sufficient time to properly instruct D.A.R.E.:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand the officer must teach in the uniform of the <i>patrol division</i> :		<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand the D.A.R.E. Officer Training is a comprehensive training that demands the undivided attention of the officer, and I am aware that attendance of all classroom sessions is mandatory :		<input type="checkbox"/> YES	<input type="checkbox"/> NO
I understand the officer must successfully demonstrate the knowledge, attitude, and skills necessary to effectively deliver the D.A.R.E. curriculum in order to become certified:		<input type="checkbox"/> YES	<input type="checkbox"/> NO

(SIGNATURES REQUIRED ON LAST PAGE)

TO BE COMPLETED BY THE APPLICANT/OFFICER

I understand D.A.R.E. is an assignment which **requires** wearing the uniform of the **patrol division**: YES NO

I will be instructing D.A.R.E.: FULL TIME PART-TIME

I **will** teach D.A.R.E. in the next school semester: YES NO

A school/police participation agreement has been executed between my agency and the school:
 * the agreement **must** be attached to this application YES NO

I understand that attendance at all classroom sessions is mandatory: YES NO

My calendar is cleared of any and all obligations, including court appearances, during this two-week training: YES NO

Have you previously attended a D.A.R.E. Officer Training? YES NO

If yes, list date and location:

DATE:	LOCATION:
-------	-----------

APPLICATION SURVEY

I am attending the D.A.R.E. Officer Training because:
 I have requested to attend I have been ordered to attend Other

Please describe how you were selected (appointment, competitive process, etc.).

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 write a paragraph stating your reasons for wanting to be a D.A.R.E. officer.

In how many schools and classes will you be teaching during the next semester?

SCHOOLS:
CLASSES:

AUTHORIZATION FOR APPLICATION

The undersigned have read and do agree to abide by all Policy and Procedures set forth by the *D.A.R.E. Regional Training Center Advisory Board* and the *Tennessee Highway Patrol D.A.R.E. Training Center*. Failure to do so could result in loss of officer certification and copyright violation prosecution. (Policy and Procedures furnished upon request.)

Officer/Applicant Signature:	DATE:
Agency Head's Signature:	DATE:

Mail completed Application and Agreement to:
**Tennessee Highway Patrol
 D.A.R.E. Training Center
 275 Stewarts Ferry Pike
 Nashville TN 37214**