

TENNESSEE HIGHWAY PATROL
D.A.R.E. Training Center
Application for D.A.R.E. PARENT PROGRAM TRAINING

PARTICIPANT

Last Name:	First:	M.I.	Rank/Title:
Social Security Number:	Sex:	DOB:	
Home Address:			
City:	State:	Zip:	Home Phone:

AGENCY INFORMATION

Agency Name:			
Agency Head:			Title:
Agency Address:			
City:	State:	Zip:	Agency Phone:

PERSONAL INFORMATION

In case of emergency, contact:	
Emergency telephone number:	Blood Type:
Do you have any significant health problems?	
Your name as you wish it to appear on your name tag:	
Your name as you wish it to appear on your certificate:	
Do you prefer a smoking or non-smoking room?	

CERTIFICATION

Date of certification as a D.A.R.E. officer:
Certifying Agency:
Location of Training:
Number of semesters teaching D.A.R.E.:
Number of core classes taught:

AUTHORIZATION

Participant's Signature:	Date:
Agency Head's Signature:	

Mail To:

T.H.P. D.A.R.E. Training Center
275 Stewarts Ferry Pike
Nashville, Tennessee 37214
Phone 615.741.3073
Fax: 615.532.3606