 **D.A.R.E. ARKANSAS**

**APPLICATION FOR D.A.R.E. OFFICER TRAINING**

# PARTICIPANT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name |  |  | First |  |  | | MI |
| Rank |  |  |  | Male | Female | DOB |  |
| Home Address |  |  |  |  |  | |  |
| City | State | Zip |  |  | Home Telephone | |  |

# AGENCY INFORMATION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency |  |  |  | | |  |  |  |
| Agency Type: Federal |  |  | Sheriff’s Department | | |  |  |  |
| Police Department |  |  | Other | | |  |  |  |
| The D.A.R.E. program is new to our agency: |  |  |  | | | Yes |  | No |
| Agency Head Last Name |  | First |  | | | Title |  |  |
| Agency Telephone |  |  |  | Agency Head Email | |  |  |  |
| Agency Address |  |  |  | | |  |  |  |
| City | State |  | Zip | | County |  |  |  |

# PERSONAL INFORMATION TO BE COMPLETED BY OFFICER

|  |  |  |  |
| --- | --- | --- | --- |
| Cell Phone |  | E-mail | |
| In case of emergency contact |  | Telephone | |
| Do you have any significant health problems? Yes | No | If yes, please explain: | |
| Your first name as you wish it to appear on your name badge: |  |  | Your full name as you wish it to appear on your certificate/certification: |

# EDUCATIONAL EXPERIENCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High School |  | Some College |  | Junior College |
| Bachelor’s Degree |  | Master’s Degree |  | Doctorate |

**LAW ENFORCEMENT EXPERIENCE** (PLEASE READ CAREFULLY AND ANSWER EACH QUESTION)

|  |  |  |  |
| --- | --- | --- | --- |
| I am a certified commissioned / sworn officer with full enforcement authority: Yes No | | |  |
| Date of full-time sworn officer appointment: Date completed P.O.S.T. training | | |  |
|  | (Attach copy of certificate) |  |
| I am assigned or have had assignments to:  Uniform / Patrol School Resource Officer Juveniles | | |  |
| Community Public Relations Investigations Narcotics | | |  |

## **CERTIFICATION** (PLEASE READ CAREFULLY AND ANSWER EACH QUESTION)

|  |  |  |  |
| --- | --- | --- | --- |
| I understand that D.A.R.E. is an assignment which requires wearing a uniform: Yes  . | |  | No |
| I will be teaching D.A.R.E. Full Time Part Time | |  |  |
| I will teach D.A.R.E. in the next school semester: Yes | |  | No |
| I can completely devote my time and energies to this training: Yes | |  | No |
| My calendar is cleared of all obligations during the two-week period of training: Yes | |  | No |
| Have you previously attended D.A.R.E. Officer Training? Yes No | If yes, list date and location: |  |  |

## **APPLICANT SURVEY** (PLEASE READ AND CAREFULLY ANSWER EACH QUESTION)

I am attending the D.A.R.E. Officer training because:

I have requested to attend.

I have been ordered to attend.

I am evaluating the potential use of this program for my agency.

I am not certain.

Please describe how you were selected (appointment, competitive selection process):

|  |
| --- |
|  |

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?

|  |
| --- |
|  |

Please indicate what you hope to receive during this training:

|  |
| --- |
|  |

# TO BE COMPLETED BY AGENCY HEAD

# 

|  |  |  |
| --- | --- | --- |
| Our agency intends to use the officer/applicant during the next school semester: | Yes | No |
| This officer/applicant will be used: | Full Time | Part Time |
| The officer/applicant will be given sufficient time to properly deliver D.A.R.E.: | Yes | No |
| I understand the D.A.R.E. Officer is required to teach in uniform: | Yes | No |
| I understand that the D.A.R.E. Officer Training is a comprehensive program that will demand the undivided attention of the officer/applicant, and I am aware that attendance at all classroom sessions is mandatory: | Yes | No |
| I understand that the officer/applicant is required to lodge at the training site hotel facility to be determined and that D.A.R.E. Arkansas Program Coordinator will make the hotel & room assignments. | Yes | No |
| I understand that the officer/applicant must successfully demonstrate the knowledge, attitude, and skills necessary to effectively deliver the D.A.R.E. curriculum to be certified: | Yes | No |

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# AGENCY RESPONSIBLE FOR AUTHORIZING THE OFFICER(S)/DEPUTY(S)/TROOPER(S) ATTENDANCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Person | Telephone | |  | Email |
| Agency Name |  | |  |  |
| Mailing Address |  | |  |  |
| City |  | State | Zip |  |

# AUTHORIZATION

|  |  |
| --- | --- |
| Participant’s Signature | Date |
| Agency Head’s Signature | Date |