 **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  |