



D.A.R.E. Indiana, Inc. 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 Office	
		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 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 ILEA training (Attach copy of certificate)	
I am assigned or have had assignments to:			
Uniform / Patrol	School Resource Officer	Juvenile	
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 am able to completely devote my time and energies to this training:		Yes	No
My calendar is cleared of any and 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 applicant will be used: Full Time Part Time		
The applicant / officer will be given sufficient time to properly deliver D.A.R.E.:	Yes	No
I understand that 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 applicant / officer, and I am aware that attendance at all classroom sessions is mandatory:	Yes	No
I understand that the applicant / officer is required to lodge at the training site (double occupancy) and that D.A.R.E. Indiana will make the roommate assignments):	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:	Yes	No

AGENCY RESPONSIBLE FOR PAYMENT

Contact Person	Telephone	Email
Agency Name		
Mailing Address		
City	State	Zip

AUTHORIZATION

Participant's Signature	Date
Agency Head's Signature	Date