



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



(Type or Print)

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PARTICIPANT	SS#	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F	MPCTC Cert #
Last Name:		First:	M.I.	Rank:
AGENCY INFORMATION				
Agency:				
Address:				
City:		State:	Zip:	
Telephone:		Fax:	Email:	
Agency Head:			Title:	
PERSONAL INFORMATION				
Home Address:			Telephone:	
City:		State:	Zip:	
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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 (Describe Below) <input type="checkbox"/> No				
In case of emergency, contact:			Relationship:	
Location:			Telephone:	
EDUCATIONAL EXPERIENCE				
<input type="checkbox"/> High School <input type="checkbox"/> Some College- hrs. completed _____ <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other				
LAW ENFORCEMENT EXPERIENCE				
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 with current agency: _____				
List previous law enforcement agencies and dates employed (if any):				
1. _____		Dates _____		
2. _____		Dates _____		
3. _____		Dates _____		
Experience (check all that apply) <input type="checkbox"/> Uniform Patrol <input type="checkbox"/> SRO <input type="checkbox"/> Narcotics <input type="checkbox"/> Criminal Investigation <input type="checkbox"/> Public Information <input type="checkbox"/> Crime Prevention <input type="checkbox"/> Juvenile <input type="checkbox"/> Other (explain) _____				
Special Skills/Talents _____				
TEACHING EXPERIENCE (Briefly describe any training, teaching experiences)				

APPLICANT SURVEY

I understand that D.A.R.E. is an assignment that requires wearing the uniform. Yes No

I will be instructing D.A.R.E.: Full time Part time As a back up

I understand that attendance at all classroom sessions are mandatory: Yes No

My calendar is clear of 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, Date: _____

Location: _____

I am attending D.A.R.E. Officer Training because:

I have requested to attend. I have been ordered to attend. Other

My knowledge of D.A.R.E.: I know very little about the program I have some knowledge of the program.

I have a good understanding of the program.

SELECTION PROCESS AND ENDORSEMENT

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

I have been endorsed to teach DA.R.E. by the school district in which I will be working . Yes No

An endorsement letter by a representative of a cooperative school district has been issued. Yes No

An endorsement letter is attached with this application. Yes No

(Note, no applicant will receive training without an endorsement letter from a participating school district representative.)

AGENCY INVOLVEMENT

My agency : is already involved in D.A.R.E. is to begin D.A.R.E. next semester
 is contemplating a D.A.R.E. Program has no definite plans

My agency has established an agreement with the school district to provide D.A.R.E. Yes No

Please write a paragraph stating your reasons for wanting to become a D.A.R.E. Officer.

AUTHORIZATION OF APPLICATION

The undersigned certify that the above information is true and accurate and further that the application is submitted requesting that training be provided. It is understood that withdrawal of an application within 10 days of the start of the training may cause the agency to be billed for the training costs.

Officer/Applicant Signature:	Date
Agency Head Representative Signature:	Date
Maryland D.A.R.E Coordinator Signature:	Date