

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

**APPLICANT:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ M \_\_\_ F \_\_\_ Rank: \_\_\_\_\_

**AGENCY INFORMATION:**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Training Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Personal Information:**

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Do you smoke? Yes \_\_\_ 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? Yes \_\_\_ (describe below) No \_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EDUCATIONAL EXPERIENCE:**

High School \_\_\_\_\_ Some College (# hours) \_\_\_\_\_ Bachelors Degree \_\_\_\_\_ Doctorate \_\_\_\_\_  
GED \_\_\_\_\_ Associate Degree \_\_\_\_\_ Masters Degree \_\_\_\_\_  
Other: \_\_\_\_\_

**LAW ENFORCEMENT EXPERIENCE:**

I am certified, full time, commissioned/sworn officer with full enforcement authority:

Yes \_\_\_\_\_ No \_\_\_\_\_

Date of certification as a commissioned/sworn officer with current agency: \_\_\_\_\_

Experience (check all that apply) Uniform patrol \_\_\_\_\_ SRO \_\_\_\_\_ Narcotics \_\_\_\_\_

Investigations \_\_\_\_\_ Public Information \_\_\_\_\_ Crime Prevention \_\_\_\_\_ Juvenile \_\_\_\_\_

Other (explain) \_\_\_\_\_

**TEACHING EXPERIENCE: BRIEFLY DESCRIBE ANY TEACHING EXPERIENCE**

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**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 backup \_\_\_\_\_

I understand that attendance at all classroom sessions are mandatory. Yes \_\_\_\_\_ No \_\_\_\_\_

I am 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 \_\_\_\_\_

**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.

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Please indicate what you hope to receive during this training.

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**LODGING IS STRONGLY ENCOURAGED:**

Hampton Inn Lincoln: Stay approved \_\_\_\_\_ (Call 217-732-6729 for reservations/govt rates apply)

Other hotel selected: \_\_\_\_\_

10 days \_\_\_\_\_ Two weeks (including weekends) \_\_\_\_\_ Other \_\_\_\_\_

Commuter \_\_\_\_\_

**AUTHORIZATION OF APPLICATION:**

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. Not all applicants may graduate. **YES** \_\_\_\_\_

I understand the applicant/officer must teach the full 10-week program (either elementary or middle school) within the first school year to retain certification. **YES** \_\_\_\_\_

I understand the applicant/officer must send in a copy of their D.A.R.E. schedules to the State Coordinator. **YES** \_\_\_\_\_

I understand that a member of the D.A.R.E. Training Center may conduct random observations of D.A.R.E. Officers to ensure that the copyrighted curriculum is being taught as required. **YES** \_\_\_\_\_

I understand that certified D.A.R.E. Officers must meet continuing training standards every 2-3 years. Training may include: State D.A.R.E. conferences and/or in-service training classes, or D.A.R.E. International Conferences. **YES** \_\_\_\_\_

I understand and give permission for photographs, videos and/or audio recordings to be taken during training sessions which will be utilized to enhance training. I give permission for these same photographs, videos and/or audio recordings to be used in the promotion of the D.A.R.E. program in publications, press releases, internet websites, and other forms of social media as it relates to the promotion of the D.A.R.E program. **YES** \_\_\_\_\_

**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 the withdrawal of an application within 10 day of the start of the training may cause the agency to be billed for the training costs.**

**Officer/Applicant Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Agency Representative Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Illinois D.A.R.E. Coordinator Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_