**TENNESSEE APPLICATION FOR OFFICER TRAINING**

## (Please print neatly)

Full Name: Rank/Title:

Agency Name: Sex: Social Security Number (last 4):\*\*\*-\*\*- DOB: Home Address: Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:

State:

Zip:

Email Address(**NEATLY**):

\*\*Your training correspondence & confirmation will be emailed to the email you list above.

Agency Address:

City: \_ State:

Zip:

Agency Telephone Number: Your Supervisor’s Name & Rank: Chief/Sheriff’s Name:

In case of emergency contact: Telephone: Do you have any significant health problems or life-threatening allergies? If so, please list: Name as you want it on your certificate (No nick names):

Educational Experience:

High School

Bachelor’s Degree

Some College

Master’s Degree

Junior College

Doctorate

I am a certified commissioned/sworn police officer with full enforcement authority: Number of years as a certified commissioned/sworn officer

## \*\*A copy of your POST certification must be forwarded with this application\*\*

I am assigned or have had assignments:

Juvenile

Uniform/Patrol

Community/Public Relations Narcotics

School Resource Officer \_ Investigation

**Certification:**

\*Applicant will teach D.A.R.E. in the next semester: yes no

\*Applicant will be able to completely devote time and energies to this training

yes no

\*Applicant’s calendar is cleared of any and all obligations during the two-week period of training. yes no

# Applicant Survey:

I am attending the DARE Officer Training because:

I have requested to attend I have been ordered to attend

I am not certain

Please describe how you were selected (if applicable)

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 during the next semester? Please indicate what you hope to receive during this training:

Authorization:

I attest that all information in this application is submitted in good faith to be accurate and true.

Agency Head’s Signature Date

Applicant/Officer Signature Date

# TO BE COMPLETED BY AGENCY HEAD:

\*The applicant/officer will be given sufficient time to properly deliver D.A.R.E.:

yes no

\*I understand that 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 **100% attendance is mandatory**:

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. Not all applicants may graduate.

yes no

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

yes no

**\*I understand that the applicant/officer must send in a copy of their D.A.R.E. schedules at the beginning of each semester to the State Coordinator.**

**yes no**

\*I understand that the State Coordinator may conduct random observations of D.A.R.E. Officers to ensure that the curriculum is being taught as required.

yes no

# Agency Head’s Signature Date

\*A full application consisting of the application and a copy the applicants P.O.S.T. Certification Certificate should be sent to:

# Sergeant Kasey Fitts

**Tennessee Highway Patrol Training Center**

**283 Stewarts Ferry Pike.**

**Nashville, TN 37214**

**Email:** [**kasey.fitts@tn.gov**](mailto:kasey.fitts@tn.gov)

**\*All spaces are reserved on a first-come, first-serve basis. Due to space limitations, please forward completed applications as soon as possible.**

# This training is recognized by the Tennessee Peace Officer Standards & Training Commission (P.O.S.T.)