

APPLICATION FOR D.A.R.E. OFFICER'S TRAINING

LAST NAME: _____ FIRST: _____ MI: _____ MONIKER: _____

RANK: _____ LAST FOUR OF SSN: _____ SEX: _____ RACE: _____ DOB: _____

AGENCY HEAD NAME: _____ TITLE: _____

AGENCY'S NAME AND ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT'S CONTACT NUMBER: _____ EMAIL: _____

SUPERVISOR'S CONTACT NUMBER: _____ EMAIL: _____

EDUCATIONAL DATA:

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A GED: YES _____ NO _____

COLLEGE DEGREE: YES _____ NO _____ IF YES, WHAT TYPE: _____

PERSONAL INFORMATION:

IN CASE OF EMERGENCY CONTACT: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____ EMAIL ADDRESS: _____

DO YOU USE ALCOHOL: YES _____ NO _____ DO YOU USE TOBACCO: YES _____ NO _____

HAVE YOU EVER USED ILLEGAL DRUGS: YES _____ NO _____

IF SO, PLEASE PROVIDE SPECIFIC DRUGS YOU USED, HOW MANY TIMES, AND YOUR AGE WHEN USED:

HAVE YOU EVER BEEN ARRESTED: YES _____ NO _____ IF YES, STATE THE DATE, PLACE AND CIRCUMSTANCES OF THE ARREST:

DATE AND STATE OF P.O.S.T. CERTIFICATION: _____

GEORGIA OKEY NUMBER: _____

ARE YOUR P.O.S.T. TRAINING HOURS CURRENT: YES _____ NO _____ IF NO, STATE THE CIRCUMSTANCES:

WHAT SCHOOL SYSTEM WILL YOU BE TEACHING IN (DESIGNATED COUNTY/CITY SCHOOLS):

DO YOU HAVE ANY TEACHING EXPERIENCE: YES _____ NO _____ IF YES, LIST AREAS OF TEACHING:

HAVE YOU WORKED WITH CHILDREN: YES _____ NO _____ IF YES, IN WHAT CAPACITY: _____

ARE YOU COMFORTABLE AROUND CHILDREN WITH LEARNING, PHYSICAL, AND/OR BEHAVIOR DISORDERS: YES _____ NO _____ STATE YOUR EXPERIENCES, IF ANY: _____

PARTICIPANT'S SIGNATURE: _____ DATE: _____

THE BELOW SIGNER ATTEST TO THE FOLLOWING PERTAINING TO THE APPLICANT:

1. APPLICANT'S CERTIFICATION HOURS AND STATUS ARE CURRENT WITH THE STATE'S P.O.S.T
2. APPLICANT DOES NOT HAVE A CRIMINAL OR DRIVING HISTORY WHICH INDICATES A DISREGARD FOR THE CONCEPTS AND PHILOSOPHY OF D.A.R.E.
3. APPLICANT IS OF GOOD MORAL CHARACTER AND BEFITTING TO BE A D.A.R.E. OFFICER.
4. A PHOTO OF THE APPLICANT IN UNIFORM WILL BE PROVIDED.

AGENCY HEAD (OR DESIGNEE) SIGNATURE: _____ DATE: _____

GDTC APPROVAL: _____ DATE: _____