Florida Department of Law Enforcement

Florida D.A.R.E. Training Program

P.O. Box 1489
Tallahassee, Florida 32302

Phone: (850) 410-7567 - Fax (850) 410-2681
www.fdle.state.fl.us

D.A.R.E. Officer Training Application

Revised 08/14
D.A.R.E. Officer Application Instructions

- All parts of this application must be completed.
- Please type or print legibly in black ink.
- This application will require the signature of the Agency Administrator, the School District Representative and the D.A.R.E. Officer Applicant prior to being processed. If the application is not completed in full, it will be returned to the applicant!
- Once a completed application is received, the applicant will be contacted by the Statewide D.A.R.E. Coordinator to schedule a screening interview. Upon successful completion of the interview, the applicant is placed into the next available D.A.R.E. Training Class. The final selection and recommendation rests with the Florida D.A.R.E. Training Program.

Send completed applications to:

Florida Department of Law Enforcement
Attention: Denise Carrier
D.A.R.E. Training Program
Post Office Box 1489
Tallahassee, Florida 32302

Applications may also be sent by fax to (850) 410-2681
(Please send the original copy to the above listed address)

The following criteria should be considered when selecting officers for this program:

1. Minimum of two years experience as a sworn law enforcement officer.
2. Have demonstrated a commitment to be involved with young people in school or community based programs.
3. Have demonstrated an attention to neatness and detail in personal appearance.
4. Have demonstrated a desire to participate in the D.A.R.E. Program and be involved in drug abuse prevention activities.
5. Have a good law enforcement reputation with the department and the community and be free of any type of substance abuse.
6. Have demonstrated the ability to work with minimal supervision.

***Tuition, lodging, meal and travel expenses are the student’s/agency’s responsibility***

In order to be eligible for Salary Incentive or Mandatory Retraining hours the appropriate documentation must be completed along with the signature of your Chief and/or designee.

Revised 08/14
I. **Personal Information:**

Name: ____________________________

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<th>Last</th>
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<th>Nickname</th>
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Rank/Title: ___________________________________________________________

DOB: ______________ Sex: _____ Age: _____ SSN: _______________________

Home Address: _______________________________________________________

Home Phone: (____) __________ Work Phone: (____) __________

Email Address: ________________________________

Emergency Contact: ________________________________________________

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<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
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II. **Agency Information:**

Agency Name: ____________________________

Address: __________________________________________

ORI Number: __________________________ Date of Employment: __________

Administrator: __________________________ Phone #: (____) __________

D.A.R.E. Supervisor: ____________________ Phone #: (____) __________

Supervisor’s Email Address: __________________________

III. **Law Enforcement Background:**

Date Completed Police Standards Certification: _________________

Years of Active Sworn Law Enforcement: Years _____ Months _____

Certified Police Instructor: Yes ____ No ____ Date of Certification: __________

Other Law Enforcement experience and/or employment (i.e. dates, agencies, previous job assignments):

______________________________________________________________

______________________________________________________________

______________________________________________________________

Revised 08/14
IV. Education:

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<tr>
<th>Location</th>
<th>Certificate or Degree Earned</th>
<th>Year Graduated or Completed</th>
<th>Hours Earned</th>
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<tbody>
<tr>
<td>High School</td>
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<td>Community College</td>
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<td>College</td>
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<td>Trade/Technical</td>
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<td>Others</td>
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</tbody>
</table>

Special Skills (Computers, languages, etc.):  

Special Training (Schools, seminars, etc.):  

Prior Teaching Experience (Law Enforcement and other):  Yes ___  No ___
If Yes, What Subjects:

Certification:
I am aware that any omissions, falsifications, misstatements or misrepresentations made on any part of this application may disqualify me as a D.A.R.E. Officer applicant. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete and made in good faith.

Signature: ___________________________ Date: ___________________________

Revised 08/14
Applicant Agreement

I hereby apply to represent my department at the D.A.R.E. Instructor Training Course to be conducted by the FDLE. I understand that admission is competitive and am willing to attend an alternate date, if necessary. If accepted in the program, I agree to devote full time to study during the 80-hour course. I also agree to return to my department upon completion of the course and teach Project D.A.R.E. in cooperation with the local school district.

Applicant Signature: ___________________________ Date: ________________

Proposed School(s) for Participation

1. ___________________________________________________________________

2. ___________________________________________________________________

3. ___________________________________________________________________

4. ___________________________________________________________________

Principal’s Signature

Revised 08/14
D.A.R.E. APPLICANT QUESTIONNAIRE
(Use additional paper if necessary)

1. Why did you get into law enforcement? ____________________________________________

2. How long have you been in law enforcement? ______________________________________

3. What type of work have you been assigned to as an officer? __________________________

4. List types of other employment: _________________________________________________

5. What is your familiarity with D.A.R.E.? __________________________________________

6. Do you have teaching experience? ______________________________________________

7. Are you comfortable interacting with elementary age children? _______ Children who are physically impaired? _______ Children who are learning disabled? _______

8. Have you ever worked with children in the church, community, coaching, or scouting? __________________________

9. Have you ever worked drug investigations? _______ To what extent: ______________________

10. Have you ever experimented with any type of controlled substance? _______ YES ______ NO
Name substance(s): __________________________ Last date used: __________________________

11. To your knowledge, are you now or have you ever been the subject of a criminal investigation?
YES ______ NO ______ If yes, please attach a statement of facts explaining the investigation and list investigating agency name and final disposition: __________________________________________

12. To your knowledge, have you ever received any disciplinary action (including oral and/or written reprimands)?
YES ______ NO ______ If yes, please attach a statement of facts explaining the investigation and list investigating agency name and final disposition: __________________________________________

13. What are your views on drugs in the schools now? _________________________________


15. What do you think about drug education vs. drug enforcement? ________________________


17. List any relevant information you wish to state: ________________________________________

Revised 08/14
FLORIDA DEPARTMENT OF LAW ENFORCEMENT

D.A.R.E. PARTICIPATION AGREEMENT

We the undersigned agree, if selected, to participate in the Drug Abuse Resistance Education (D.A.R.E.) Program. We understand the D.A.R.E. Program is targeted for exit level elementary (5th/6th) students. A uniformed law enforcement officer will teach the appropriate D.A.R.E. curriculum.

Recommendation of Law Enforcement Agency Administrator

Name __________________________
Title ____________________________
Agency __________________________
Address __________________________

As the Agency Administrator, I agree to make my officer available to instruct the D.A.R.E. curriculum in the school district named within this application. I will, barring emergencies, attempt to limit the officer's absence from the D.A.R.E. classroom on his/her designated day(s) of instruction. In return, the FDLE will provide 80 hours of classroom hours of certified D.A.R.E. Officer Training and D.A.R.E. instructional materials.

Recommendation of Superintendent of Local School District or Designee

Name __________________________
Title ____________________________
District __________________________
Address __________________________

As School Superintendent, I agree to provide classroom space and allot at least 45 minutes per lesson each week to the targeted class for delivery of the D.A.R.E. Program. I understand a teacher must be present in the classroom while the law enforcement officer presents the D.A.R.E. instruction. The classroom teacher will assist, if necessary, in the collection of assigned homework and will make bulletin board space available with the classroom.

Signature __________________________
Date ____________________________

Signature __________________________
Date ____________________________

*Each trained and certified D.A.R.E. Officer shall teach in at least one elementary school or other grade as approved pursuant to the rules, policies, and procedures adopted in the school semester immediately following the D.A.R.E. program that he/she has attended.

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P.O. Box 1489  
Tallahassee, Florida 32302

PERSONAL INQUIRY WAIVER  
Authority for Release of Information

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

Applicant’s Name ____________________________

Date of Birth ____________________________

Social Security No. ____________________________

I respectfully request and authorize you to furnish the Florida Department of Law Enforcement any and all information that you may have concerning my work record, school record, military record, reputation, any criminal history record and financial and credit status. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the State of Florida.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

__________________________________________  ____________________________
Applicant’s Signature  Date

_____________________________________
Address

AFFIDAVIT

Sworn to and Subscribed before me this ______ day of ____________________________, 20______.

_____________________________________
Signature of Notary Public

_____________________________________
Printed Name of Notary Public

Personally Known ______ or Produced Identification ______
Type of Identification Produced ____________________________