



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.

IV. Education:

	Location	Certificate or Degree Earned	Year Graduated or Completed	Hours Earned
High School	_____	_____	_____	_____
Community College	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____
Post Graduate	_____	_____	_____	_____
Trade/Technical	_____	_____	_____	_____
Others	_____	_____	_____	_____
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: _____

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

Principal's Signature

1. _____
2. _____
3. _____
4. _____

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? _____
14. How do you feel about the D.A.R.E. Program? _____

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

16. What interests you in the D.A.R.E. Program? _____
17. List any relevant information you wish to state: _____

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.

Signature _____

Date _____

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 _____

*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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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 _____