

**MISSISSIPPI APPLICATION FOR *DARE* OFFICER TRAINING  
AND D.A.R.E. AMERICA SCHOOL RESOURCE OFFICER TRAINING**  
*(Please print neatly)*

Full Name: \_\_\_\_\_ Rank/Title: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Home Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

Agency Telephone Number: \_\_\_\_\_

Your Supervisor's Name & Rank: \_\_\_\_\_

Chief/Sheriff's Name: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Blood type: \_\_\_\_\_ Do you have any significant health problems? \_\_\_\_\_

If so, please list: \_\_\_\_\_

Name you want to be called: \_\_\_\_\_

Name as you want it on your certificate: \_\_\_\_\_

Room type: Smoking \_\_\_\_\_ Non-smoking \_\_\_\_\_

Educational Experience:

\_\_\_\_\_ High School \_\_\_\_\_ Some College \_\_\_\_\_ Junior College

\_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Master's Degree \_\_\_\_\_ 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 academy certification must be forwarded with this application\*\***

I am assigned or have had assignments:

\_\_\_\_\_ Juvenile \_\_\_\_\_ Community/Public Relations \_\_\_\_\_ Narcotics

\_\_\_\_\_ Uniform/Patrol \_\_\_\_\_ School Resource Officer \_\_\_\_\_ Investigations

Certification: *(Please read and carefully answer each question)*

\*I understand that D.A.R.E. is an assignment that requires wearing a departmental uniform \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Applicant will be teaching \_\_\_\_\_ full time \_\_\_\_\_ part time

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

\*An agreement between the department and the school system has been executed  
\_\_\_\_\_yes \_\_\_\_\_no **(Please forward with application)**

\*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

**TO BE COMPLETED BY AGENCY HEAD:**

\*Our agency intends to use the officer/applicant during the next school year:  
\_\_\_\_\_yes \_\_\_\_\_no

\*The applicant will be in the schools:  
\_\_\_\_\_full-time \_\_\_\_\_part-time

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

\*I understand that the officer is to teach in departmental uniform:  
\_\_\_\_\_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 to the State Coordinator.

\_\_\_\_\_yes \_\_\_\_\_no

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

\_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_  
Agency Head's Signature

\_\_\_\_\_  
Date

**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 (appointment, competitive selection process?)

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./SRO Officer:

How many schools/classes will you be teaching during the next semester?

Please indicate what you hope to receive during this training:

Authorization:

\_\_\_\_\_  
Agency Head's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Officer Signature

\_\_\_\_\_  
Date

**Background Check**

I give the Mississippi D.A.R.E. Training Center (Lee County Sheriff’s Department) permission to conduct background checks using the information provided. Any information obtained will be placed in my training file at the MS D.A.R.E. Training Center location and the Department of Education.

\_\_\_\_\_  
Applicant/Officer

\_\_\_\_\_  
Date

**D.A.R.E.  
AGREEMENT BETWEEN THE LAW ENFORCEMENT AGENCY  
AND THE SCHOOL DISTRICT**

The \_\_\_\_\_ School District and the \_\_\_\_\_  
\_\_\_\_\_(Law Enforcement Agency) are in agreement that, for the benefit of the youth and community or county of \_\_\_\_\_, we will cooperate on the D.A.R.E. Program.

Each party recognizes that the D.A.R.E. Program will require certain supplies, such as D.A.R.E. student workbooks and other supplies for the students. Each party has agreed to support this program to ensure it’s success in the schools.

It is understood that the D.A.R.E. curriculum is designed to be taught in no less than a 45-minute time period to ensure that the students receive the maximum benefit from the instruction.

It is agreed upon and understood that \_\_\_\_\_ (officer’s name) will teach D.A.R.E. in this school district.

\_\_\_\_\_  
Head of Law Enforcement Agency

\_\_\_\_\_  
Superintendent of School District

\*A full application consisting of the following items **MUST** be returned by mail or fax to:

**Lt. Sheri Hall  
Lee Co. Sheriff's Dept.  
P.O. Box 3863  
Tupelo, MS 38803**

**fax 662-841-5079**

1. Completed application
2. Copy of academy certification
3. Copy of a purchase order made payable to:  
MS DARE Training Center  
PO Box 3863  
Tupelo, MS 38803  
\*payment must be made **before** training date  
Check, money order or cash

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

Upon successful completion of this 2-week training, the officer will be issued certificates of completion in the following:

- \* Elementary curriculum (5/6th grade ten lesson curriculum)
- \* Middle School curriculum (7/8th grade ten lesson curriculum)
- \* School Resource Officer (DARE America SRO Curriculum)

**This training is also recognized by the Mississippi Board of Minimum Standards as covering the required hours of annual training for municipal agencies.**