

MISSISSIPPI APPLICATION FOR *DARE* OFFICER TRAINING
(Please print neatly – Email will be the way you will receive all communication)

Full Name: _____ Rank/Title: _____
Agency Name: _____ Sex: _____
Social Security Number: _____ DOB: _____
Home Address: _____
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: _____

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:

*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 **(In packet - Please forward with completed 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:

*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 and year end stats to the State Coordinator.

_____yes _____no

*I understand that a member of the MS D.A.R.E. Training Center 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

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:

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

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 e-mail or fax to:

Lt. Sheri Hall
Lee Co. Sheriff's Dept.
Email: mississippidare@gmail.com
Fax: 662-841-5079

1. Completed application (4 pages)
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

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)
- * High School curriculum (9-12th grade curriculum components)

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