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**RETURN INTERGOVERNMENTAL AGREEMENT**

**D.A.R.E. Program**

**(Please Print or Type)**

We the undersigned agree, if selected to participate in the Drug Abuse Resistance Education (D.A.R.E.) Program, to the following:

As law enforcement administrator, I agree to make my law enforcement 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, D.A.R.E. Iowa will provide 80 classroom hours of certified D.A.R.E. officer training and technical assistance to the participating agency.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As school superintendent, I agree to provide classroom space and allot one period a 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. curriculum. The classroom teacher will assist, if necessary, in the collection of assigned homework and will make bulletin board space available within the classroom.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN TYPE OF TRAINING REQUESTED** Page 9

X D.A.R.E Officer Training Jr High Training Sr. High Training

Mentor Officer Training Parent Training Recertification Training

**DATES: 4/24/22 – 5/5/22 LOCATION OF COURSE Camp Dodge, Johnston ,IA**

1. I am attending the D.A.R.E. Officer Training seminar because:

I have requested to attend

I have been ordered to attend

I am to evaluate the potential use of this program for my agency

I am not certain

2. Please describe how you were selected (appointment, competitive selection process?)

3. 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

4. Please state your reasons for wanting to be a D.A.R.E. Officer:

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

6. Please indicate what you hope to receive during this training?

**AUTHORIZATION**

Agency Head’s Signature: Date

Participant’s Signature: Date

**Return Page 10**

**Iowa APPLICATION FOR D.A.R.E. OFFICER TRAINING**

**PLEASE TYPE OR PRINT**

**APPLICANT: Last Name: First: M.I.**

**Rank: M F DOB:**

**Agency:**

**Social Security Number: Cell Phone:**

**Home address:**

**City: State: Zip: Home Telephone:**

**E-Mail Address:**

**PERSONAL INFORMATION:**

**Emergency Contact: Phone: Significant Health Problems? Describe: Name as you wish to appear on certificate: All Lodging and rooms are smoke free. Do you Smoke? Yes  NO **

**Educational Experience, Highest level achieved:**

**Agency Information:**

**Agency Head: Title:**

**Agency Contact: Title:**

**Address: City: State: Zip: Office Telephone:**

**E-Mail Address:**

**LAW ENFORCEMENT EXPERIENCE: I am a Certified commissioned /sworn officer with full time authority: Yes  No  Date of Certification: INCLUDE COPY OF CERTIFICATE Experience: Patrol  SRO  Investigations  Narcotics  Juvenile **

**Include PHOTO ID**

**RETURN APPLICANT SURVEY: Page 11**

**I understand that D.A.R.E. is an assignment that requires wearing the uniform. Yes No**

**I will be instructing D.A.R.E.: Full time Part time **

**I understand that attendance to all classroom sessions are mandatory: Yes No **

**Please clear your calendar of all obligations, including court appearances,**

**during this two-week training: Yes  No**

**Have you previously attended a D.A.R.E. Officer Training? Yes  No **

**If Yes: Date of attendance: \_\_ \_\_\_\_\_\_\_**

**Location of DOT: \_\_Camp Dodge, Johnston Iowa\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My knowledge of D.A.R.E.: I know very little about the program,  I have some knowledge of the program good understanding of the program **

**To be completed by Agency Head:**

**We will be involved in the D.A.R.E. program this year: Yes  No **

**The Applicant will be given enough to prepare each lesson: Yes  No **

**My agency has an agreement with the school district to provide D.A.R.E.:**

**Yes  No **

**We are starting a NEW D.A.R.E. Program: Yes  No **

**We understand that D.A.R.E. is an assignment that requires wearing the uniform. We understand that D.A.R.E. Officer Training is a comprehensive program that will demand the undivided attention of the applicant and we are aware that attendance to all classroom sessions is mandatory. We understand the applicant must successfully demonstrate the knowledge and skills necessary to effectively deliver the D.A.R.E. curriculum prior to certification: The applicant will be given ample breaks to communicate with the department & family. Therefor all applicants must refrain from cell phone usage during the instructional phase of classroom activities.**

**Yes  No **

**D.A.R.E. Candidate Signature & Date:**

**Agency Head Signature & Date:**