

D.A.R.E. AMERICA
INTER/INTRA REGIONAL REQUEST FOR TRAINING OR POLICY WAIVER

APPLICANT INFORMATION

| | |
|------------------------------|---------------|
| Full Name (First, MI, Last): | |
| Agency / Department: | |
| Agency Address: | |
| City, State, Zip: | Agency Phone: |
| Email: | Cell Phone: |

TRAINING INFORMATION

| | |
|-----------------------------|--|
| Training Location: | Dates Of Training: April 30th - May 11th, 2023 |
| Type Of Training Requested: | |
| DOT | MOT |
| Sr High | Community Programs |
| Other | Pls. specify: _____ |

Please check all that apply:

D.A.R.E. Officer Training (DOT) Applicant:

I am a uniformed law enforcement officer meeting the minimum training standards for peace officer status in my state of residence.

I have completed the equivalent of two years full-time service as a police officer with full powers.

Mentor Officer Training (MOT) Applicant:

I have successfully completed the D.A.R.E. Officer Training and have been issued a certificate by an accredited state D.A.R.E. Training Center.

I am an active D.A.R.E. Instructor.

I have taught the complete D.A.R.E. Elementary **and** Middle School/Junior High curricula for a minimum of twelve classes.

I have no less than two semesters of classroom experience.

Justification For Requested Training or Policy Waiver:

By signing below, I certify that the information above is true and accurate to the best of my knowledge. I give D.A.R.E. America the right to verify information that I have provided.

 Applicant's Signature

 Date

Authorized Agency Representative Signature:

 Date:

REQUESTING AGENCY'S STATE D.A.R.E. COORDINATOR RECOMMENDATION

| | | |
|---|--------------------------------|-------|
| <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove | State Coordinator's Signature: | Date: |
|---|--------------------------------|-------|

STATE TRAINING CENTER OF PROPOSED TRAINING

| | | |
|---|---|-------|
| <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove | State Training Center Director's Signature: | Date: |
|---|---|-------|

REGIONAL DIRECTOR'S APPROVAL

| | | |
|---|--------------------------------|-------|
| <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove | Regional Director's Signature: | Date: |
|---|--------------------------------|-------|