**DARE Wisconsin**

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

**Training Dates**: **May 6-17, 2024 Home 2 Suites by Hilton, Menomonee Falls, WI**

***Candidate***

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| --- | --- | --- | --- |
| Last Name: | First: | MI: | Rank/Title: |
| Agency:  | Last Four Numbers of SSN:  |
|  |  |
| E-Mail: | Sex: | Cell Phone: |

***AGENCY INFORMATION***

|  |  |  |
| --- | --- | --- |
| Agency Head - Last Name: | First: | Title: |
| Agency Address: | Office Telephone:  |
| *City:* | *State:* | *Zip:* |  |

***PERSONAL INFORMATION***

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| --- |
| In Case of Emergency Contact: |
| Telephone: | E-Mail |
| Do you have any significant health problems? |
| Your name as you wish it to appear on your name tag: |
| Your name as you wish it to appear on your certification: |

***EDUCATIONAL EXPERIENCE***

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| --- |
| \_\_\_\_ High School \_\_\_\_ Some College \_\_\_\_ Junior College\_\_\_\_ Bachelor's Degree \_\_\_\_ Master's Degree \_\_\_\_ Doctorate |

***LAW ENFORCEMENT EXPERIENCE/ CERTIFICATION (Please read and carefully answer each question)***

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| --- |
| I am a full-time certified peace officer: \_\_\_\_YES \_\_\_\_ NO |
| Date of Certification: |
| I am assigned or have been assigned to: \_\_\_\_ UNIFORM PATROL \_\_\_\_ SCHOOL RESOURCE OFFICER \_\_\_\_ JUVENILE \_\_\_\_ COMMUNITY RELATIONS \_\_\_\_ INVESTIGATIONS \_\_\_\_ NARCOTICS |

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

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| I understand that D.A.R.E. is an assignment which requires wearing a uniform: \_\_\_\_YES \_\_\_\_NOI will be teaching D.A.R.E. \_\_\_\_ FULL-TIME \_\_\_\_ PART-TIME \_\_\_\_ RELIEF/SUBSTITUTEI will teach D.A.R.E. in the next semester: \_\_\_\_YES \_\_\_\_ NOA school police participation agreement has been executed between my agency and the school: \_\_\_\_YES \_\_\_\_ NO |

***TO BE COMPLETED BY AGENCY HEAD***

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| I understand that D.A.R.E. Officer Training is a comprehensive program that will demand the undivided attention of the officer/applicant, and I am aware that attendance at all classroom sessions is mandatory: \_\_\_\_ YES \_\_\_\_ NO I understand that the officer/applicant must successfully demonstrate the knowledge, attitudes and skills necessary to effectively. deliver the D.A.R.E. curriculum in order to be certified: There also may be some out of classroom preparation/studies that may occur and depending on your policy/contract may involve overtime. \_\_\_\_ YES \_\_\_\_ NO I understand this training is self-funded. Class size is limited to 15 officers and all 15 registrants are needed to hold the training. If we do not meet our minimum registrants of 15, the training will be canceled, and your tuition payment will be refunded. The $1250.00 is non-refundable 60 days prior to the training, however, a waiting list will be established and if we can fill the spot within the 60 days, we will refund the tuition. Paid tuition holds your officer’s spot for the training. \_\_\_\_ YES \_\_\_\_ NO |

***AUTHORIZATION***

|  |  |
| --- | --- |
| *Candidates Signature*: | DATE: |
| Agency Head’s Signature: | DATE: |

 **Checks of $1250.00 made out to: W.D.O.A.**

 **Email or mail registration/check to: Steven Albarado**

 **364 West Warner St.**

 **Ellsworth, WI 54011**

**Questions or Concerns:** **salbarado1969@gmail.com** **or call 715-302-7789**