

# DARE Wisconsin

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

**Training Dates: September 8-19, 2025 Tomah Police Department - Tomah, WI**

## Candidate

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

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

<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Junior College
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate

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

I am a full-time certified peace officer:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Certification:	
I am assigned or have been assigned to:	<input type="checkbox"/> UNIFORM PATROL <input type="checkbox"/> SCHOOL RESOURCE OFFICER
<input type="checkbox"/> JUVENILE <input type="checkbox"/> COMMUNITY RELATIONS <input type="checkbox"/> INVESTIGATIONS <input type="checkbox"/> NARCOTICS	

## (Please read and carefully answer each question)

I understand that D.A.R.E. is an assignment which requires wearing a uniform:	<input type="checkbox"/> YES <input type="checkbox"/> NO
I will be teaching D.A.R.E. <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RELIEF/SUBSTITUTE	
I will teach D.A.R.E. in the next semester:	<input type="checkbox"/> YES <input type="checkbox"/> NO
A school police participation agreement has been executed between my agency and the school:	<input type="checkbox"/> YES <input type="checkbox"/> NO

## TO BE COMPLETED BY AGENCY HEAD

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:	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand this training is self-funded. Class size is limited to 15 officers. 12 registrants are needed to hold the training. If we do not meet our minimum registered by August 8, 2025, 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](mailto:salbarado1969@gmail.com) or call 715-302-7789**