

# VIRGINIA D.A.R.E TRAINING CENTER

APPLICATION FOR D.A.R.E. TRAININGS  
VIRGINIA STATE POLICE D.A.R.E. UNIT

Training Requested: ( ) D.O.T. ( ) MID/JR. HI. ( ) SR. HI. ( ) PARENT ( ) MENTOR ( ) OTHER

Last Name:		First Name:		MI:	Sex:
DOB:		SSN:		E-mail	
Agency:			Phone:		Fax:
Address:		City:	State:	Zip Code:	Country:
Agency Head - Last Name:			First Name:		
Agency Head - Title:					
Applicant's Home Address:			City:	State:	Zip:

Number of Years Law Enforcement: \_\_\_\_\_ Officer: Full-time ( ) Part-time ( )

Please **PRINT** Your Name As You Wish It To Appear On Your Certificate

## Educational Background:

- |                                          |                             |
|------------------------------------------|-----------------------------|
| ( ) DCJS Police Instructor Certification | ( ) Four Year Degree        |
| ( ) High School                          | ( ) Some Post Graduate Work |
| ( ) Some College                         | ( ) Post Graduate Degree(s) |
| ( ) Two Year Degree                      |                             |

### Return This Form To:

Virginia State Police Academy  
D.A.R.E. Unit  
P.O. Box 27472  
Richmond, Virginia 23261-7472  
Attention: Gene Ayers  
Office Phone: (804) 674-2639  
Office Fax: (804) 674-2640

### Important Notice - Please Read:

This application must be returned to the Virginia D.A.R.E. Training Center two weeks prior to the date of the training. If the applicant is unable to attend, the VDTC must be notified immediately in writing of the reason for the cancellation. Cancellation will require submitting a new application to be processed for the next available training.

Comments/Training Dates:

Applicant's Signature:

Supervisor's Name and Title (please print)

Supervisor's Approval (signature)

Date:

**VIRGINIA D.A.R.E. TRAINING CENTER  
APPLICANT SURVEY**

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**You have applied to a D.A.R.E. Officer Seminar. As part of your enrollment procedure, you are asked to fill out the following survey and return it with your enrollment application.**

**THIS SURVEY IS NOT OPTIONAL;  
IT IS PART OF YOUR ENROLLMENT PROCESS.**

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

- I have requested to attend
- I have been assigned to attend
- I will evaluate potential use

**2. My agency:**

- Is already involved in D.A.R.E.
- Is to begin D.A.R.E. next semester
- Is contemplating a D.A.R.E. program
- Has no definite plans

**3. My agency has established an agreement with the schools to present D.A.R.E. yes ( ) no ( )**

**4. 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

**5. Please state your reasons for wanting to be a D.A.R.E. instructor.**

**6. Please describe how you will be utilizing the training you receive.**

**7. Please indicate what you hope to receive at this training.**

**8. This is a very intensive training program. Are you in a position to devote your full-time energy to the training? Is your calendar free of any and all other obligations?**