

Kentucky State Police Media Relations

D.A.R.E. Unit

Application for D.A.R.E. Specialized Training

Participant

(Please type or Print)

LAST NAME:	FIRST:	MI:	RANK/TITLE
		Male Female	DOB:
HOME ADDRESS:			
CITY:	STATE:	ZIP:	HOME TELEPHONE
TYPE OF TRAINING REQUESTED: JR. HIGH SR. HIGH Other			

Agency Information

AGENCY NAME:			
AGENCY HEAD - LAST NAME:		FIRST:	TITLE:
AGENCY ADDRESS:			
CITY:	STATE:	ZIP:	AGENCY TELEPHONE:

Personal Information

(To be completed by officer)

IN CASE OF EMERGENCY CONTACT:	
TELEPHONE:	
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 YOU CERTIFICATE:	

Certification

DATE OF CERTIFICATION AS A D.A.R.E. OFFICER:	CERTIFYING AGENCY:
LOCATION OF TRAINING:	
NUMBER OF SEMESTERS TEACHING D.A.R.E.:	

Authorization (Signatures)

PARTICIPANT:	DATE:
AGENCY HEAD:	DATE:

Please return this application to: Kentucky State Police DARE Unit, 919 Versailles Road, Frankfort, KY 40601

Revised 05/22/08