TENNESSEE D.A.R.E. TRAINING CENTER

Application for D.A.R.E. MIDDLE SCHOOL TRAINING

275 Stewarts Ferry Pike • Nashville, Tennessee 37214

Telephone: 615.232-2910 Fax: 615.532.3606 E-mail: scott.staggs@state.tn.us

PERSONAL

S.S. #: _____

Full Name: _____ Rank: _____

Agency: _____

Agency Address: _____ E-mail: _____

STREET

_____ | _____ | _____ Agency Phone: _____

CITY STATE ZIP CODE Agency Fax: _____

Agency Head: _____ Title: _____

Home Address: _____

STREET

_____ | _____ | _____ Home Phone: _____

CITY STATE ZIP CODE

Emergency Contact Person: _____ Relationship: _____

Social Security Number: _____

EDUCATIONAL DATA:

College: | Y | N |

if yes, degree: Associates _____ Bachelors _____

Masters _____ Doctorate _____

if no degree, hours completed: _____

D.A.R.E. DATA:

Date of D.A.R.E. certification: _____ Semesters you have taught the elementary curriculum: _____

Certifying Training Center: _____

Location of D.O.T.: _____

D.A.R.E. Officer's Signature: _____ Date: _____

Agency Head's Signature: _____ Date: _____

Director of Schools or
Safe& Drug-Free Schools Director: _____ Date: _____

For acceptance to training, this application must be entirely completed with all signatures.