



TENNESSEE D.A.R.E. TRAINING CENTER

Application for D.A.R.E. PARENTING TRAINING

275 Stewarts Ferry Pike • Nashville, Tennessee 37214

Telephone: 615.232.2910 Fax: 615.532.3606 E-mail: scott.staggs@state.tn.gov

PARTICIPANT

Last Name: _____ First: _____ M.I. _____ Rank/Title: _____

Social Security Number: _____ Sex: M F D.O.B.: (m/d/yyyy) _____

Home Address: _____ E-mail: _____

City: _____ State: _____^{Street} Zip Code: _____ Home Phone: _____

AGENCY INFORMATION

Agency Name: _____

Agency Head: _____ Title: _____

Agency Address: _____ E-mail: _____

City: _____ State: _____^{Street} Zip Code: _____ Agency Phone: _____
Agency Fax: _____

PERSONAL INFORMATION

In case of emergency, contact: _____

Address: _____

Emergency telephone number: _____

Your name as you wish it to appear on your name tag (**no nicknames**): _____

Your name as you wish it to appear on your certificate (**no nicknames**): _____

CERTIFICATION

Date of certification as a D.A.R.E. officer: _____

Number of semesters teaching D.A.R.E.: _____

When did you last teach an elementary or middle school D.A.R.E. class? _____

Certifying Training Center: _____ Location of your D.O.T.: _____

AUTHORIZATION

Participant's Signature: _____ Date: _____

Agency Head's Signature: _____ Date: _____

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