

# VIRGINIA D.A.R.E TRAINING CENTER

## APPLICATION FOR D.A.R.E. TRAININGS

Training Requested: ( ) D.O.T.

Last Name:	First Name:	MI:	Sex:	
DOB:	Cell:	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:

- |                                                               |                                                  |
|---------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> DCJS Police Instructor Certification | <input type="checkbox"/> Four Year Degree        |
| <input type="checkbox"/> High School                          | <input type="checkbox"/> Some Post Graduate Work |
| <input type="checkbox"/> Some College                         | <input type="checkbox"/> Post Graduate Degree(s) |
| <input type="checkbox"/> Two Year Degree                      |                                                  |

### Return This Form To:

Virginia D.A.R.E. Training Center  
Attention: Rob Hefner  
PO Box 1963  
Yorktown, VA 23692  
Cell: (540) 798-6471  
Fax: (800) 303-1905  
Email: robert.hefner@loudoun.gov

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This application must be returned before the VA DARE Training Center will register the officer for the school requested. The VDTC administrative training fee is \$189 (in-state), \$389 (out-of-state). Cost for meals at per diem rates will be announced later. The fees will be invoiced to the applicant's agency and must be paid 30 days in advance. If the applicant is unable to attend, the VDTC must be notified immediately. Refunding of the administrative fee is at the discretion of the VDTC. Other fees may apply for cancelations within 30 days of the training or for no-shows.

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?**