TENNESSEE D.A.R.E. TRAINING CENTER

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

275 Stewarts Ferry Pike • Nashville, Tennessee 37214

Telephone: 615.741.3073 Fax: 615.532.3606 E-mail: william.moudy@state.tn.us

PARTICIPANT

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

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

Home Address: _____ E-mail: _____
Street

City: _____ State: _____ Zip Code: _____ Home Phone: _____

AGENCY INFORMATION

Agency Name: _____

Agency Head: _____ Title: _____

Agency Address: _____ E-mail: _____
Street

City: _____ State: _____ Zip Code: _____ Agency Phone: _____
Agency Fax: _____

PERSONAL INFORMATION

In case of emergency, contact: _____

Address: _____

Emergency telehone 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.