

NEW HAMPSHIRE TRAINING CENTER

APPLICATION FOR D.A.R.E. TRAINING

Training Requested: D.O.T SR. HI. PARENT MENTOR OTHER

Last Name:	First Name:	MI:	Sex:
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DOB:	SSN:	E-mail:
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Agency	Phone:	Fax:
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Address:	City:	State:	Zip Code:	Country:
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Agency Head – Last Name:	First Name:
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Agency Head – Title:

Applicant’s Home Address:	City:	State:	Zip:
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Years/Months of Full Time Experience: Academy Graduation Date(month and year): Academy Number:	Years/Months of Part Time Experience:
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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	<input type="checkbox"/> Other related seminars (Explain below)

Return This Form To:

**D.A.R.E. Coordinator’s Office
 15 Ash Brook Court
 Keene, NH 03431
 Attention: Sgt. Kevin Oxford
 Office Phone: (603) 223-3862
 Office Fax: (603) 358-6749**

Important Notice – Please Read:

This application must be returned to the New Hampshire D.A.R.E. Coordinator’s Office prior to the oral boards. If the applicant is unable to attend, the New Hampshire D.A.R.E. Coordinator’s Office must be notified immediately in writing of the reason for the cancellation. Cancellation will require submitting a new application to be processed for the next available training.

Comments/Additional Information:

Applicants Signature:

Supervisor’s Name and Title (PLEASE PRINT)

Supervisor’s Approval (signature)	Date:
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