

# VIRGINIA D.A.R.E TRAINING CENTER

APPLICATION FOR D.A.R.E. TRAININGS  
VIRGINIA STATE POLICE D.A.R.E. UNIT

Training Requested: ( ) D.O.T. ( ) MID/JR. HI. ( ) SR. HI. ( ) PARENT ( ) MENTOR ( ) OTHER

|                           |             |             |           |          |
|---------------------------|-------------|-------------|-----------|----------|
| Last Name:                | First Name: | MI:         | Sex:      |          |
| DOB:                      | SSN:        | 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:

- |  |                             |
|--|-----------------------------|
| ( ) DCJS Police Instructor Certification | ( ) Four Year Degree        |
| ( ) High School                          | ( ) Some Post Graduate Work |
| ( ) Some College                         | ( ) Post Graduate Degree(s) |
| ( ) Two Year Degree                      |                             |

### Return This Form To:

Virginia State Police Academy  
D.A.R.E. Unit  
P.O. Box 27472  
Richmond, Virginia 23261-7472  
Attention: Gene Ayers  
Office Phone: (804) 674-2639  
Office Fax: (804) 674-2640

### Important Notice - Please Read:

This application must be returned to the Virginia D.A.R.E. Training Center two weeks prior to the date of the training. If the applicant is unable to attend, the VDTC 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/Training Dates:

Applicant's Signature:

Supervisor's Name and Title (please print)

Supervisor's Approval (signature)

Date: