#### FORM A rev. 3/11

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| NEW HAMPSHIRE TRAINING CENTERAPPLICATION FOR D.A.R.E. TRAINING |
| Training Requested: **[ ]** D.O.T **[ ]**  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: |
| Years/Months of Full Time Experience:      Academy Graduation Date(month and year):           Academy Number:        | Years/Months of Part Time Experience:             |
| 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 [ ]  Other related seminars (Explain below)  |
| **Return This Form To:****D.A.R.E.Coordinator’s Office****33 Hazen Drive****Concord, NH 03305****Attention: Lt. Ellen Arcieri****Office Phone: (603) 223-3862****Office Fax: (603) 271-6497** | **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: |