FORM B

The New Hampshire D.A.R.E. Program

***Participation Agreement***

We the undersigned agree, if selected, to participate in the **D**rug **A**buse **R**esistance **E**ducation (D.A.R.E.) Program under the following conditions:

As **Commander/Chief/Sheriff,** I agree to make my officer available to instruct the D.A.R.E. curriculum in the school district named within this application. I will, except in the event of an emergency, attempt to limit the officer’s absence from the D.A.R.E. classroom on his/her designated presentations. In return the New Hampshire State Police and the D.A.R.E. New Hampshire Training Team will provide the 80 classroom hours of certified D.A.R.E. Instructor Training and technical assistance at no cost to the participating agency. This does not include vehicle cost, pay and any overtime incurred during training. I also agree to abide by the policies and procedures of the D.A.R.E. Program as set forth by the New Hampshire D.A.R.E. Board of Directors. **The Chief of Police will notify the Coordinator’s Office of any behavior administratively or criminally that negatively affects the credibility of the D.A.R.E. Program or the D.A.R.E. officer within the community or the school.”**

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Type/ print) (Type/print)**

# Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
|  |

As **School Principal**, I agree to provide classroom space and assign one period a week to the targeted class for delivery of the D.A.R.E. Program. I understand that the teacher must be present in the classroom while the law enforcement officer presents the D.A.R.E. instruction. The classroom teacher will assist, when necessary, in the collection of assigned homework.

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Type/ print) (Type/print)**

# Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note:** To be eligible for consideration in the D.A.R.E. Program, please complete and return this form to the address listed below:

## Lieutenant Ellen Arcieri

**D.A.R.E. Coordinator**

**New Hampshire State Police**

**33 Hazen Drive**

**Concord, New Hampshire 03305**

**(603) 223-3862**