



Missouri Police Chiefs Charitable  
Foundation

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# Missouri D.A.R.E. Officer Training

1001 E. High Street  
Jefferson City, MO 65101  
Phone: (573) 636-5444 - Fax (573) 636-6634

[www.mopca.com](http://www.mopca.com)



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## D.A.R.E. Officer Training Application

# D.A.R.E. Officer Application Instructions

- ❖ All parts of this application *must* be completed.
- ❖ Please *type* your information.
- ❖ This application will require the signature of the Agency Administrator and the D.A.R.E. Officer Applicant *prior* to being processed.  
*If the application is not completed in full, it will be returned to the applicant!*
- ❖ Once a completed application is received, the applicant is placed into the next available D.A.R.E. Training Class. The final selection and recommendation rests with the Missouri D.A.R.E. Training Program.

Send completed applications to:

**Missouri Police Chiefs Charitable Foundation  
D.A.R.E. Training Program  
1001 E. High Street  
Jefferson City, Missouri 65101**

Applications may also be sent by fax to (573) 636-6634

Or Email to: [REGISTRATION@MOPCA.COM](mailto:REGISTRATION@MOPCA.COM)

The following criteria should be considered when selecting officers for this program:

1. *Minimum* of two years' experience as a sworn law enforcement officer. Waivers are available through the MO State DARE Coordinator/DARE America.
2. Have demonstrated a commitment to be involved with young people in school or community-based programs.
3. Have demonstrated an attention to neatness and detail in personal appearance.
4. Have demonstrated a desire to participate in the D.A.R.E. Program and be involved in drug abuse prevention activities.
5. Have a good law enforcement reputation with the department and the community and be free of any type of substance abuse.
6. Have demonstrated the ability to work with minimal supervision.

\*\*\*Lodging, lunch, and all training materials are included. \*\*\*

Lodging- two candidates per room.

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## Billing Information

CANDIDATE'S NAME:  P.O.S.T #

Please place a checkmark beside the options you choose.

\$650.00 - Full Two-week Course      Sept. 11 - 23, 2022

\$350.00 - 1 week Refresher Course      Sept. 11 - 16, 2022

PLEASE SEND INVOICE TO:

Attention:  Billing Email:

(Only use for billing address)

Billing Address:

Billing Phone:

CHECK PAYMENT IS ATTACHED (Remit payment to address below)

Missouri Police Chiefs Charitable Foundation

D.A.R.E. Division

1001 East High Street

Jefferson City, MO 65101

CHARGE

Select One:  Visa     MasterCard     Discover

Card #  Exp. Date  3 Digit

**4% Processing Fee will be added to all Credit Card payments**

\* If you need help with your credit card payment – contact Missouri Police Chiefs Charitable Foundation at (573) 636-5444

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## D.A.R.E. HOUSING FORM (Sept. 11-23, 2022)

(Please place a check mark beside the options you choose)

CANDIDATE'S NAME:

MALE  OR FEMALE

(checkmark one)

- I accept the lodging options to share a room.  
 I wish to pay the additional \$250.00 for a private room.

(This payment covers 10 nights)

- INVOICE DEPT. for the \$250.00 for a private room:

Agency Name:

Attention Line:

## CREDIT CARD (please print clearly)

Select One:  Visa  MasterCard  Discover  American Express

Card #

Exp. Date

CVC

\* If you need help with your credit card payment – contact Missouri Police Chiefs Charitable Foundation at (573) 636-5444

**I. Personal Information:**

Name:							
	Last	First		MI			
Nickname							
Rank/Title:							
DOB:		Sex:		Age:		SSN:	
Home Address:							
Home Phone:	( )	Work Phone:	( )				
Email Address:							
Emergency Contact:							
	Name	Relationship		Phone Number			

**II. Agency Information:**

Agency Name:						
Address:						
ORI Number:		Date of Employment:				
Administrator:		Phone #:	( )			
D.A.R.E. Supervisor:		Phone #:	( )			
Supervisor's Email Address:						

**III. Law Enforcement Background:**

Date Peace Officer's License was obtained:						
Years of Active Sworn Law Enforcement:	Years		Months			
Certified Police Instructor:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date of Certification:	
Other Law Enforcement experience and/or employment (i.e. dates, agencies, previous job assignments):						

**IV. Education:**

	NAME	Location		Certificate or Degree Earned	Year Graduated or Completed
High School					
Community College					
College					
Graduate School					
Postgraduate					
Trade/Technical					
Others					

Special Skills (Computers, languages, etc.):	

Special Training (Schools, seminars, etc.):	

Prior Teaching Experience (Law Enforcement and other):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, What Subjects:				

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**Certification:**

I am aware that any omissions, falsifications, misstatements, or misrepresentations made on any part of this application may disqualify me as a D.A.R.E. Officer applicant. I certify that to the best of my knowledge and belief all the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature:  Date:

# Applicant Agreement

I hereby apply to represent my department at the D.A.R.E. Instructor Training Course to be conducted by the MPCCF. I understand that admission is competitive and am willing to attend an alternate date, if necessary. If accepted in the program, I agree to devote full time to study during the 80-hour course. I also agree to return to my department upon completion of the course and teach Project D.A.R.E. in cooperation with the local school district.

Applicant Signature:

Date:

### Proposed School(s) for Participation

1.
2.
3.
4.

# Missouri Police Chiefs Charitable Foundation

## D.A.R.E. PARTICIPATION AGREEMENT

We the undersigned agree, if selected, to participate in the Drug Abuse Resistance Education (D.A.R.E.) Program. We understand the D.A.R.E. Program is targeted for exit level elementary (5<sup>th</sup>/6<sup>th</sup>) students. A uniformed law enforcement officer will teach the \*appropriate D.A.R.E. curriculum.

**Recommendation of Law Enforcement Agency Administrator**

Name

Title

Agency

Address

**Recommendation of Superintendent of Local School District or Designee**

Name

Title

District

Address

As the Agency Administrator, 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, barring emergencies, attempt to limit the officer's absence from the D.A.R.E. classroom on his/her designated day(s) of instruction. In return, the MPCCF will provide 80 hours of classroom hours of certified D.A.R.E. Officer Training and D.A.R.E. instructional materials.

As School Superintendent, I agree to provide classroom space and allot at least 45 minutes per lesson each week to the targeted class for delivery of the D.A.R.E. Program. I understand a teacher must be present in the classroom while the law enforcement officer presents the D.A.R.E. instruction. The classroom teacher will assist, if necessary, in the collection of assigned homework and will make bulletin board space available with the classroom.

Signature

Signature

Date

Date

\*Each trained and certified D.A.R.E. Officer shall teach in at least one elementary school or other grade as approved pursuant to the rules, policies, and procedures adopted in the school semester immediately following the D.A.R.E. program that he/she has attended.



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1001 E. High Street  
Jefferson City, Missouri 65101

**PERSONAL INQUIRY WAIVER**

Authority for Release of Information

To: Concerned Person or Applicant's Name

Authorized Representative of Any Organization, Institution or Repository of Records

Date of Birth

Social Security No.

I respectfully request and authorize you to furnish the Missouri Police Chiefs Charitable Foundation all information that you may have concerned my work record, school record, military record, reputation, any criminal history record and financial and credit status. This information is to be used to assist the Missouri Police Chiefs Charitable Foundation in determining my qualifications and validation of information provided for the D.A.R.E. Instructor Certification.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

Applicant's Signature

Date

Address

**AFFIDAVIT**

Sworn to and subscribed before me this  day of , 20

Signature of Notary Public

Printed Name of Notary Public

Personally Known       Produced Identification

Type of Identification Produced