

D.A.R.E. INSTRUCTOR APPLICATION REQUEST FORM
CHICAGO POLICE DEPARTMENT/SPECIAL ACTIVITIES SECTION - Unit 441



DATE: _____

PERSONAL INFORMATION

Applicant Name: _____ Star # _____ Employee # _____ Gender: M F

Home Phone: _____ Work Number: _____ Fax Number: _____

Cell Number: _____ Email: _____ Number of years on the job: _____

Last 4 Digits of Social Security Number: ____ _

EMERGENCY INFORMATION

In case of emergency contact: _____

Relationship: _____ Phone Number: _____

WORK INFORMATION

Are you a G.R.E.A.T. Instructor? Yes No (circle one)

Do you have a teaching certificate? Yes No (circle one)

Unit of Assignment: _____ Current Watch: _____ This Year's Furlo: _____

Why do you want to become a D.A.R.E. officer? (Attach additional page if needed)

What characteristics do you feel you have to be a D.A.R.E. officer? In your opinion, what are your strengths?

Officer's Signature: _____

Commander's Signature: _____

FAX THE COMPLETED FORM TO (312) 745-6980