



ARKANSAS DIVISION OF LAW ENFORCEMENT STANDARDS AND TRAINING

ADJUNCT INSTRUCTOR APPLICATION CONTACT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Date of Birth: Month _____ Day _____ Year _____ SSN (Last Four) _____

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Cell Phone: _____ Work Phone: _____

EMPLOYMENT INFORMATION

Employer: _____ Phone Number: _____

Address: _____ Supervisor: _____

Responsibilities: _____

Length Employed: _____ Job Title: _____

Total Length of Law Enforcement Experience: _____

List Any Previous Law Enforcement Experience:

Agency	Address	Dates of Employment

EDUCATION AND TRAINING

What is your highest level of education? _____

List any degrees or specialized training / certifications / expertise: _____

Have you completed Law Enforcement Instructor Development? _____

If the above answer is yes, what was the location and date? _____

Please list all ALERRT Train the Trainer courses you have attended (ALERRT Level 1, CRASE, AIRR etc.) including the date and location of the course.

Please list any law enforcement or related classes you have previously taught: _____

By signing below, I confirm that the above information is true and correct to the best of my knowledge and that I have the permission of my employer to serve as a volunteer adjunct instructor for ADLEST. I understand that by signing, I agree to follow the policies and procedures of ADLEST.

I also understand that my participation and/or involvement in training carries with it the potential for certain risks, some of which may not be reasonably foreseeable. I further acknowledge that these risks could cause me, or others around me, harm, including, but not limited to, bodily injury, damage to property, emotional distress, or death. By signing this agreement, I agree to release, indemnify, and hold harmless the State of Arkansas and Division of Law Enforcement Standards and Training as well as all employees, agents, representatives, successors, etc. thereof from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of my participation as an Adjunct Instructor.

Signature: _____ Date: _____