

Applications Now Open for STF Europe 2019-20

Deborah Cali
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STF Europe is a full-time, 1-year mission program. The program uses the education tools of fundraising, witnessing, as well as workshops and service projects to help members develop their faith.

[Register Now!](#)

STF is designed for 18+ year old members who desire to contribute to the Family Federation and to society, especially supporting True Parent's 2020 vision. Through the STF mission, the STF members will deepen their faith and solidify their commitment to live a public life, as an active part of the Family Federation.



Registration deadline: 31st July

For any questions, feel free to contact us through our [Facebook page](#), our [website](#) or to our email address: europeanstf@gmail.com



STF EUROPE Application Form 2019-2020

CHECK-LIST: *

Please upload your recent picture *

No file selected



We require letter of recommendation from your Church or Youth leader, please give us his/her email address: *

example@example.com

PERSONAL INFORMATION

First name *

Middle Name

Last Name *

Gender *

Date of Birth *

/ /

Month Day Year

Home Address (Street) *

Post Code *

City *

Country *

Home Phone *

Mobile Phone *

Email *

T-shirt Size for Your Gender *

Are you matched? *

- yes
 no

Are you blessed? *

- yes
 no

(If Blessed) Blessing Year

You are

- 1st Generation
 2nd Generation
 3rd Generation
 Jacob's Child

How did you find out about STF?

PARENTS' INFORMATION

Father's Full Name *

Father's phone number *

Father's email *

Mother's Full Name *

Mother's phone number *

Mother's email *

Home Address (if different from above)

Blessing Year *

HEALTH INSURANCE INFORMATION

in case you won't have possibility to have valid health insurance you will be held responsible for all the costs related to your medical care (hospital, injuries, specific medications). STF will provide general medications for flu, fever, etc and basic first aid.

I will bring to STF *

- European Health Insurance Card E111
 Private Health Insurance
 I don't know

Insurance expiry date

Insurance contact tel. nr.

What is insured according to your insurance? (in few words)

Please upload picture of your insurance contract or card *

Browse Files

PASSPORT INFORMATION

Full Passport Name *

Country of Citizenship *

Expiry Date *

SIBLINGS' INFORMATION

Name

Year of Birth

Years in STF (if any)

Name

Year of Birth

Years in STF (if any)

Name

Year of Birth

Years in STF (if any)

Name

Year of Birth

Years in STF (if any)

Name

Year of Birth

Years in STF (if any)

Name

Year of Birth

Years in STF (if any)

Name

Year of Birth

Years in STF (if any)

HEALTH INFORMATION

If it is not applicable please put N/A

What kind of sports/exercises have you done during high school? *

Please explain if you have any concerns and why (previous injuries, surgeries, family history, etc.): *

Flat feet: *

Knee problems: *

Back/Neck problems: *

Scoliosis: *

Asthma: *

Food restrictions *

Allergies *

Please explain in detail any short or long-term special needs other than above: *

MORE PERSONAL INFORMATION

1. What kind of church-related activities have you been involved in during your high school years? (Witnessing or visiting churches with parents, leading youth ministry, work with HARP, staff at workshops, service activities, etc.) *

2. What kind of work experiences have you had, if any? Please describe the nature of your employment and how long you worked. *

3. What kind of extra-curricular activities (sports, music, school clubs, volunteer work, etc.) have you been involved in during your high school years? Please describe if you have received any awards or held any positions. *

4. What did you do in the time period between high school graduation and applying to STF? *

5. Describe your main skills, hobbies, and interests. *

6. What are you planning to do after STF? *

7. Please, share freely any additional information you would like the STF staff to know about you, besides points mentioned above.

ESSAY QUESTIONNAIRE FOR APPLICANTS

Why do I want to be a part of the STF mission and what do I hope to gain from it?

(Note: Please be honest as this helps us to understand better your present situation and think how better to support you.)

Please cover these bullet points in your essay:

- - Outline what led you to make your decision to apply to STF, and include any important background information that may have influenced your decision.
- -What do you hope to gain from this year of STF?
- -How do you plan to contribute to the Family Federation as a result of your STF experience?

This essay should be a minimum of 500 words and maximum of 1000 words

Please copy and paste your essay into the text area below.

*

QUESTIONNAIRE FOR PARENTS

Please ask your parents to answer the questions in another form: <https://form.jotformeu.com/91153202458350>

STF CODE OF CONDUCT

Please note that what you may have done in the past is not the point rather that you are setting a new standard for your life on STF and after!

1. I want to participate in the Special Task Force – a one-year full-time mission program especially designed for young people of the Family Federation.
2. I pledge to sincerely do my best to build a strong relationship with God and True Parents during the mission program.
3. I pledge to follow the schedule and the directions of the organizers and staff for the whole duration of STF.
4. I pledge to not engage in exclusive male-female relationships, or create an environment that is in any way a distraction to others.
5. I pledge to not smoke, consume alcoholic drinks, or illegal drugs/ substances.

By signing this document, I acknowledge that I am aware of the consequences of any violation of the STF rules/ guidelines. The consequences are as follows:

- 1st warning: verbal warning/ STF staff call your parents
- 2nd warning: you may be suspended from the STF program for a short period
- 3rd warning: you may be required to permanently leave the STF program

*

I have completed the application form, read the above information and made my own decision to apply for STF

Participant's Signature *

[Clear](#)

*

As parents we fully support our child's decision to participate in STF

Parents' Signature *

Clear

*

I agree that photos, videos with my image taken during my participation on STF can be shared publicly by STF

*

I understand that the fee for STF Europe is 1000€

Enter the message as it's shown *



In case of any questions, please contact us under this e-mail:

stfwsreg@gmail.com

Submit