

# Special Task Force (STF)

## Application Form

### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Marital Status \_\_\_\_\_ Blessing Year / Couples \_\_\_\_\_ / \_\_\_\_\_

Highest Level of Education Completed \_\_\_\_\_

Siblings [Name, Date of Birth (mm/dd/yy)] \_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_

### Insurance

Company \_\_\_\_\_ Type \_\_\_\_\_ Tel. No. \_\_\_\_\_

Policy # \_\_\_\_\_ Date of Expiration (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_

### Passport / Visa

Country of Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_

Expiration Date (yy/mm/dd) \_\_\_/\_\_\_/\_\_\_ Visa Status \_\_\_\_\_

Any visa work needed during the year? Y / N

### Health Information

Please explain in detail any short or long term physical ailment(s). (For example, any past injuries and surgeries, problems with feet, knees, back, neck, etc.)

---

---

---

---

---

### Parent's Information

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Blessing Year / Couples \_\_\_\_ / \_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Other Phone (circle one: cell, work, \_\_\_\_\_) Other Phone (circle one: cell, work, \_\_\_\_\_)

\_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### Terms of Agreement

I have thoroughly read the STF Handbook. I understand and agree with all the guidelines and policies stated within it.

Parent's Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

\_\_\_\_\_

Date: \_\_/\_\_/\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_