



STF Europe

2006 - 2008 Application Form

If possible, please type everything; otherwise write in CAPITALS.

You can only understand the real meaning of this application if you first read the **STF Handbook**

PERSONAL INFORMATION

Last Name _____ First Name _____
Home Address (Street) _____
City _____ Country _____ Zip Code _____
Home Phone _____ Mobile phone _____
Fax _____ Email _____
Date of Birth (dd/mm/yy) _____ Gender: Male ____ Female ____
(If Blessed) Blessing Year _____ Have you been matched? Yes ____ No ____

PARENT'S INFORMATION

Father's Name _____	Mother's Name _____
Phones _____	Phones: _____
Home: _____	Home: _____
Work : _____	Work : _____
Mobile : _____	Mobile : _____
Email _____	Email _____

Home Address (if different from above) _____
City _____ Country _____ Zip Code _____
Phone _____ Blessing Year / Couples _____ / _____

INSURANCE

Company _____ Type _____ Tel. No. _____
Policy # _____ Date of Expiration (dd/mm/yy) ____/____/____

PASSPORT

Country of Citizenship _____ Passport # _____
Expiration Date (dd/mm/yy) _____ Visa Status _____

Please, include a copy of your passport

- The participation fee is €500, due by October 1st in cash (explained in the Handbook)
- Please understand that it's absolutely necessary that you read the Handbook in order to understand all the requirements and purpose of this application

HEALTH INFORMATION

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

Flat feet: _____

Knees: _____

Back/Neck: _____

Scoliosis: _____

Asthma: _____

Please explain in detail any short or long-term physical ailment(s) 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, living in parents' mission countries, leading youth ministry, work with HARP, Service For Peace activities, etc)

2. Please write down the workshops you have attended (when, where, how many and what was your role in the workshop – participant or staff):

National HARP	
European HARP	
Divine Principle (2, 7, 21 days)	
Blessing	
Pure Love	
Settlement Age	

3. Please write down for each one of the workshops you attended the name and contact information of a person in that workshop who was staff or in a responsible position and who would know you well enough to give us some information if we would require so.

	NAME	CONTACT INFORMATION
National HARP		
European HARP		
Divine Principle (2, 7, 21 days)		
Blessing		
Pure Love		
Settlement Age		

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

Work	Duration	Description of your job



Applicant's Name: _____

Dear Applicant:

Special Task Force is a 2-year, full-time leadership training program for young people through which participants strive to practice the Core Values of Living for the Greater Good, Ownership, Teamwork, and Dreaming Big, and cultivate the character of selfless love for God and humanity.

1. Why would YOU like to be a part of this training? Please explain in approximately 300 words or less.

2. What do the 2 main goals of STF Europe mean for you personally?

3. What do you hope to gain from these two years of full time STF Europe training?

4. What do you hope to contribute to God's providence as a result of your STF Europe training?



Applicant's Name: _____

Dear Parent:

Special Task Force is a 2-year, full-time leadership training program for young people through which participants strive to practice the Core Values of Living for the Greater Good, Ownership, Teamwork, and Dream Big, and cultivate the character of selfless love for God and humanity.

We would appreciate if you can answer briefly to the following 4 questions so that we can better understand your child and your relationship to him/her.

Parent's Name: _____

Father's Signature: _____ Mother's Signature _____

Date: _____

Questions:

1. *Could you describe what you have done in the area of developing your child's spiritual life?*

2. *Describe your child's qualities.*

3. *Describe your child's main struggles.*

4. *While your child is on STF what would you like to do in order to support the program?*



Applicant's Name: _____

To Whom It May Concern:

Special Task Force is a 2-year, full-time leadership training program for young people through which participants strive to practice the Core Values of Living for the Greater Good, Ownership, Teamwork, and Dream Big, and cultivate the character of selfless love for God and humanity.

Your honest opinions and answers to the questions below will help us in understanding the unique character and qualities of this applicant. STF is looking for young people who are willing and eager to receive leadership training and serve God and humanity.

Your Name: _____ Title/Position: _____

Country: _____ City: _____

Questions:

1. Please, describe the applicant's qualities. Please provide some specific examples.

2. Please, describe the applicant's attitude towards challenging situations.

5. How long have you known this applicant? What is your relationship to this applicant?

1. ***I want to participate in the Special Task Force Europe – a two-year full-time mobilisation for the World Movement.***
2. ***I pledge to follow the schedule and the directions of the organisers for the whole duration of STF.***
3. ***I understand that the purpose of STF is to prepare for a Life of Public Service.***
4. ***I pledge to strive towards the absolute standard set by our True Parents and Hyun Jin Nim, and will do my utmost to build a strong relationship with Heavenly Father, inherit our True Parents' Tradition, and create a foundation for CARP.***

Applicant's Signature		Date, Place	
<i>I have read and understand the information laid out in the handbook and I fully support my child's decision to participate in STF Europe</i>			
Father's Signature		Date, Place	
Mother's Signature		Date, Place	
Please remember to send the following with the application			
<ul style="list-style-type: none"> • Colour copy of your Passport • Copy of your driving license, if you have one • Copy of health certificate 			