

APPLICATION MUNTERwegs MENTORING PROGRAM

FOR GIRLS AND BOYS

We are very happy about your interest to join MUNTERwegs!
Please complete this form and return it by post or by email with the attached document to our address. As soon as we have your documents we will contact you and your parents. Be ensured that your information will be treated strictly confidential and will only be used within the MUNTERwegs mentoring program.

REGISTRATION FOR LOCATION

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Baar (ZG) | <input type="checkbox"/> Basel-Stadt (BS) | <input type="checkbox"/> Rontal (LU) |
| <input type="checkbox"/> Risch/Rotkreuz (ZG) | <input type="checkbox"/> Basel-Land (BS) | <input type="checkbox"/> Emmen (LU) |

INFORMATION ABOUT YOUR PERSON

Family name	_____	<input type="radio"/> female	<input type="radio"/> male
First name	_____	Date of birth	_____
Street	_____	Mother tongue	_____
ZIP Code/ Place	_____	Nationality	_____
E-Mail	_____		

HEALTH

Allergies/sickness Yes No

If yes, what?

INFORMATION ABOUT SCHOOL/KINDERGARDEN

Schoolhouse	_____	Teacher	_____
Class	_____		



LEISURE TIME

I have time for MUNTERwegs at the following afternoons

MON TUE WED THU FRY SAT SUN

ACTIVITIES IN LEISURE TIME

Member of association Yes No

If yes, where

Hobbies/interests

PURPOSE OF APPLICATION

My expectations for the project

- impulses in German language
 new ideas for leisure time (sportive, creative, cultural)
 other reasons

INFORMATION ABOUT PARENTS

RESIDENCE PERMIT

My family has the following permit

B C F N

FATHER

Family name

First name

Phone home

Phone mobile

E-Mail

MOTHER

Family name

First name

Phone home

Phone mobile

E-Mail

NOTE

The parents or the legal guardian are responsible for the insurance. We declare to accept the rules and conditions of the project as outlined on the website.

Place, date:

Signature:
