



AMBASSADOR APPLICATION REGISTRATION FORM

Name:

Date of Birth:

Surname:

Address:

Phone:

Email:

Mother tongue:

DE FR IT ENG

Ich kann am Workshop ausserhalb meines Wohnkantons teilnehmen:

Yes No

Ich stehe als Ambassador in folgenden Kantonen zur Verfügung:

<input type="checkbox"/>	AG	<input type="checkbox"/>	AI	<input type="checkbox"/>	AR	<input type="checkbox"/>	BE	<input type="checkbox"/>	BL
<input type="checkbox"/>	BS	<input type="checkbox"/>	FR	<input type="checkbox"/>	GE	<input type="checkbox"/>	GL	<input type="checkbox"/>	GR
<input type="checkbox"/>	JU	<input type="checkbox"/>	LU	<input type="checkbox"/>	NE	<input type="checkbox"/>	NW	<input type="checkbox"/>	OW
<input type="checkbox"/>	SG	<input type="checkbox"/>	SH	<input type="checkbox"/>	SO	<input type="checkbox"/>	SZ	<input type="checkbox"/>	TI
<input type="checkbox"/>	TG	<input type="checkbox"/>	UR	<input type="checkbox"/>	VD	<input type="checkbox"/>	VS	<input type="checkbox"/>	ZG
<input type="checkbox"/>	ZH								

I am a member of ZETA Movement:

Yes No

Comments / Remarks:

I confirm that I have read the requirements:

Yes No



I certify the truthfulness of all information provided to the ZETA Movement and undertake to inform the Association immediately if there is any change in my health:

Yes No

Place and Date:

Signature:

Note: The application documents of the Ambassadors are read by the board and our experts.

To be attached to the registration form:

1. What are my experiences with mental health and why do I want to become a ZETA Movement Ambassador (max. 1 page)
2. As an Ambassador, I would like to focus my participation in school visits on the following topics (please indicate which ones and how they relate to your life experience)