



# MINNESOTA YMCA YOUTH IN GOVERNMENT MODEL UNITED NATIONS ADVISOR REGISTRATION

REV 1/2018

**(W)** mnyig.org **(E)** yig@ymcamn.org  
Submit registration materials to your local Delegation Director or,  
if you are not attached to a delegation, to the YIG State Office.

## ADVISOR INFORMATION

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

First name as you want it printed on your nametag \_\_\_\_\_

Gender:  Male  Female Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

<b>PARTICIPANT RACE/</b>	<input type="checkbox"/> African American/Black	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other
<b>ETHNIC BACKGROUND:</b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Prefer Not to Give	<input type="checkbox"/> Two or More	<input type="checkbox"/> White/Caucasian

## EMERGENCY CONTACTS/MEDICAL INFORMATION

Please list other adults who can be contacted in an emergency.

Name \_\_\_\_\_

Relationship to Advisor \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Advisor \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Do you carry medical/hospital insurance?  Y  N

Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

I am current with all required immunizations as required by the Minnesota Department of Health.

Please list any conditions requiring special accommodations, including any chronic illnesses or past operations:

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies or dietary restrictions:

\_\_\_\_\_  
\_\_\_\_\_

**IF SPECIAL ACCOMMODATIONS ARE REQUIRED, CONTACT THE YIG STATE OFFICE BY MARCH 1**

Please list any medications you are taking, including types and purposes:

\_\_\_\_\_  
\_\_\_\_\_

## MODEL UNITED NATIONS INFORMATION

Delegation \_\_\_\_\_ Delegation Director \_\_\_\_\_

Years in Model UN (including this year) \_\_\_\_\_

Past MUN Participation Area(s) \_\_\_\_\_

### INTERNAL USE ONLY

Registered by \_\_\_\_\_ Order # \_\_\_\_\_ Date \_\_\_\_\_

Please rewrite first and last name in case pages get separated: \_\_\_\_\_

## ADVISOR PROGRAM CHOICES

All adults are expected to assist with supervision of the conference and students. List your top 3 priorities - #1 being your first choice. Placement is not guaranteed.

- |                          |                                |                          |                            |
|--------------------------|--------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | General Assembly               | <input type="checkbox"/> | Human Rights Council       |
| <input type="checkbox"/> | Economic & Social Council      | <input type="checkbox"/> | Conference Media           |
| <input type="checkbox"/> | Security Council               | <input type="checkbox"/> | State Office & Events Team |
| <input type="checkbox"/> | International Court of Justice | <input type="checkbox"/> | Conference Logistics Team  |

## YMCA VOLUNTEER BACKGROUND CHECK

All volunteers will be asked to complete a Criminal Background check. Details for completing the background check will be sent to volunteers once their registrations have been processed at the YIG State Office.

ADVISORS WHO COMPLETED A BACKGROUND CHECK FOR THE MOST RECENT MODEL ASSEMBLY DO NOT NEED TO COMPLETE IT AGAIN!

Employees of the YMCA of the Greater Twin Cities will not need to complete the background check, though all other adult volunteers must do this annually.

## REGISTRATION AGREEMENT

As an advisor for Minnesota YMCA Youth in Government, I realize that such a privilege involves certain responsibilities. I have read and agree to abide by the Youth in Government Code of Conduct and Code of Conduct for Adults, understanding that all rules and regulations exist for the good of the program. I further understand that my attitude and example will affect the students, other advisors, Youth in Government, each school and each YMCA represented in the program. I further understand that if my conduct does not meet these standards, my affiliation with Minnesota YMCA Youth in Government programs may be terminated by the Youth in Government State Office. I acknowledge that my participation in Minnesota YMCA Youth in Government programs indicates personal acceptance of the Code of Conduct, Code of Conduct for Adults and all program rules.

I understand that my advisor status with Minnesota YMCA Youth in Government will be contingent on satisfactory clearance of a volunteer background check. **I further understand that my registration may be considered incomplete unless I have completed the check.** I understand that some of my biographical data may be included in a participant directory for distribution to delegates, adult advisors, program sponsors and others. I understand that all photos, images and recordings (audio, visual and others) are property of Minnesota YMCA Youth in Government; that they can be used hereafter without further permission.

I have read this registration agreement; have read the Code of Conduct & Code of Conduct for Adults and agree to the terms in each document. I understand that YIG advisors are housed two to each room and that in order to participate in this program, I must reside in the conference hotel. Advisors will have their own bed, but will be housed with another advisor of the same sex (unless a spouse is also an advisor).

I understand that the sponsoring delegation, the YMCA and Minnesota YMCA Youth in Government assume no responsibility for injuries or illnesses which may be sustained as a result of persona, physical condition or resulting from participation in any activities or off-site programs, including transportation to and from these programs. I expressly acknowledge on behalf of myself and heirs that I assume the risk of any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the sponsoring delegation, the YMCA and YMCA Youth in Government, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of participation in these activities.

The health information listed on this form is correct so far as I know and I am able to engage in all activities except as noted. I authorize the YMCA staff/volunteers to give me reasonable first aid and to transport me to a health care facility for emergency services as needed.

In the event that the emergency contacts cannot be reached in an emergency, I hereby give permission to health care facility/physician to use prudent, professional judgment in applying medical treatment to me, which may include surgical procedures.

ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_