

CANDIDATE AGREEMENT



To be eligible to run for Governor, Lieutenant Governor, Secretary of State, Attorney General, or Speaker of the House at the State Convention, you must complete this form and mail or fax it to the State Office, so that it is received by October 14, 2009. You must also complete the online Candidate Registration Form at www.moyig.org by October 14, 2009. **Late registrations will not be accepted.**

Office I am running for: _____

Name: _____

Delegation: _____

By signing this agreement, I acknowledge all of the statements listed below and agree to abide by all rules and regulations set forth by Missouri YMCA Youth In Government.

1. I have reviewed the **Student Leadership Overview**, located on the YIG website at www.moyig.org, and meet all requirements for the position I am running for at the State Convention and will fulfill all duties of the office, if elected at the State Convention.
2. I understand that if elected to office, I will **serve on the YIG Program Committee**, requiring my attendance at Program Committee meetings, held approximately three times per year on a Saturday in Jefferson City.
3. If elected, I will be expected to **work with the adult program coordinators and other student leaders** to plan the next State Convention, offer ideas for improvements to the program, and help plan and lead training sessions for students when needed.
4. I have reviewed the **Elections and Campaigns documents**, located on the YIG website at www.moyig.org, and will abide by these procedures and guidelines in my campaign and agree that failure to do so may result in my removal from the ballot.
5. I agree to conduct my campaign in a manner that is consistent with the **core values of the YMCA**: caring, honesty, respect, and responsibility.
6. Through the online registration form, I have provided a **Statement of Candidacy and Platform** that reflect the core values of the YMCA and represent me and my delegation well.

_____/_____/_____
Signature of Student Date

_____/_____/_____
Signature of Parent/Guardian Date

_____/_____/_____
Signature of Delegation Director Date