



## **POSITION DESCRIPTIONS FOR LYO BOARD OFFICERS & CONFERENCE REPRESENTATIVES**

### **VICE PRESIDENT**

The synod LYO vice president is elected to a two-year term on the WND Synod LYO Board, serving the first year as vice president then transitioning into a second year serving as president of the Western North Dakota Synod LYO Board.

Expectations of the Vice President:

- Encourage all youth of the synod to grow in their faith and participate in the life of the congregation, synod, and wider church
- Encourage and support all LYO Board members
- Acts in the absence of the president, assuming the responsibilities of the president
- Supports the president by accepting duties and responsibilities assigned.
- Assist in the planning and promotion of the annual WND Synod LYO Gathering.
- Attend all meetings of the LYO Board (usually 3 times per year, and the fall gathering)

Expectations of the President:

- Encourage all youth of the synod to grow in their faith and participate in the life of the congregation, synod, and wider church
- Encourage and support all LYO Board members
- Preside over all meetings of the WND Synod LYO Board and business meetings of the gathering
- Work with Board advisor to prepare agendas for all meetings of the LYO Board
- Represent the WND Synod LYO Board at functions of the synod and the ELCA, such as the Western North Dakota Synod Assembly, synod council meetings, and national gatherings of synod youth organization presidents.
- Submit reports to the WND Synod Assembly and the WND Synod Council.
- Attend all meetings of the LYO Board (usually 3 times per year, and the fall gathering)

### **TREASURER**

The synod LYO secretary is elected to a two-year term on the WND Synod LYO Board.

Expectations of the Treasurer

- Encourage all youth of the synod to grow in their faith and participate in the life of the congregation, synod, and wider church
- Encourage and support all LYO Board members
- Report on the financial activity of the Western North Dakota Lutheran Youth Organization.
- Assist in the planning and promotion of the annual WND Synod LYO Gathering.
- Attend all meetings of the LYO Board (usually 3 times per year, and the fall gathering)

### **CONFERENCE REPRESENTATIVE**

Conference Representatives are elected to a two-year term on the WND Synod LYO Board.

Expectations of Conference Representatives:

- Encourage all youth of the synod to grow in their faith and participate in the life of the congregation, synod, and wider church.
- Encourage and support all LYO Board members.
- Assist in the planning and promotion of the annual WND Synod LYO Gathering.
- Communicate with the congregations of their respective conference,
  - Encourage congregations in their support of youth in ministry in their communities.
  - Encourage congregations to participate in synod and national youth events.
  - Promote the annual gathering within their conference.
- Attend all meetings of the LYO Board (usually 3 times per year, and the fall gathering)

# **CODE OF CONDUCT**

**WND LYO GATHERING  
OCTOBER 17-19, 2013– Minot, ND**

As a participant of the Western North Dakota Synod Lutheran Youth Organization Gathering, I agree to:

- **exhibit the conduct and behavior** of one who follows Jesus Christ.
- **Participate** in all scheduled events.
- **Abide by curfew** times and respect others' rights to quiet, at stated quiet times.
- **Show respect** for myself and all other participants of this event as well as the facility we use, the people who work there, and the community that is hosting us.
- **NOT to bring or use alcohol or other non-prescribed drugs** including tobacco products.
- **Not to bring any weapons of any kind** to the event.
- **Not to use offensive language.**
- **Not to engage in sexual activity.**
- **Follow the open door policy** which states that if either gender who are attending the youth gathering visit friends in their room during free time, the door to the room must be left open and all roommates must agree to the visitor being there.
- **Keep my cell phone on silent** during all activities of the event.
- **Have Fun!**

A warning will be given for breaking the covenant about:

Respecting others    Curfew    Participation in the event    Language    Open door policy

The participant will be sent home and/or suspended from future synodical events for repeatedly breaking the covenant items above or the following:

Illegal Drugs, alcohol or tobacco products                      Sexual activity

Western North Dakota Lutheran Youth Organization Board and Adult Advisors have the final say in the interpretation and enforcement of the Code of Conduct. If a participant is to be sent home, he or she will be financially responsible for any costs incurred.

Participant's name \_\_\_\_\_

Congregation \_\_\_\_\_

**I recognize that I am joining the Christian Family and Community. I agree to abide by this Code of Conduct Covenant while I am a member of this community. I understand that if I break this covenant, I may be sent home at my parents' expense.**

Participant's signature \_\_\_\_\_

Parental/Guardian signature ( if participant is registered as a youth participant):

---

**Turn this form in at registration. Please keep a copy for yourself and your youth.**

**WESTERN NORTH DAKOTA SYNOD LUTHERAN YOUTH ORGANIZATION GATHERING  
OCTOBER 17-19, 2013 – Grand International Inn, Minot**

**MEDICAL RELEASE FORM**

While every attempt is made to make the Western North Dakota Synod Lutheran Youth Organization Gathering a safe and fun experience, there is always the chance that participants will need medical care. Accidents can and do happen.

**This completed form (one for each participant) must be with the adult advisor at all times.**

**Participant's Name** \_\_\_\_\_

As parent/guardian of the above named minor, I hereby grant permission for my son/daughter to participate in the **2013 Western North Dakota Synod LYO Gathering**, in **Minot, ND** held **October 17-19, 2013**.

I also grant permission for any adult chaperone with our group or event coordinators to take whatever steps may be necessary to obtain emergency care as warranted for the well being of my son/daughter. These steps may include but are not limited to the following;

- Attempts to contact a parent or guardian
- Attempts to contact youth's physician
- Seek medical examination/ treatment for injuries/ condition by medical professional

Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
(This person will be notified if parent/guardian is unavailable.)

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company Number \_\_\_\_\_

Medical Insurance Policy Number \_\_\_\_\_ Group Number (if applicable) \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy Holder's Date of Birth \_\_\_\_\_

Medications being taken/dosage/frequency: \_\_\_\_\_  
\_\_\_\_\_

List ALL Allergies (food/meds/pets/etc.): \_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

List any special dietary needs \_\_\_\_\_  
\_\_\_\_\_

Please state any additional health, emotional or other conditions of which we should be aware \_\_\_\_\_  
\_\_\_\_\_

**My signature below indicates that I understand and agree to the policy and terms listed above and agree that any expenses incurred in necessary emergency or other medical treatment will be borne solely by the youth's medical coverage and/or family. I will not hold any leader or organization liable for any injury or accident.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if participant is under 18)

\_\_\_\_\_  
Date