**Application to Attend the Geneva International Model United Nations (GIMUN) Conference 2016**

Pace University’s New York City [Model UN program](http://pacenycmun.org/about/) is planning to help cover the costs of between seven and 15 students (depending on final budget approval, the number of eligible applicants and costs of flights) who wish to attend the [Geneva International Model United Nations conference](http://gimun.org/?page_id=898), held at the UN *Palais des Nations* in Geneva, Switzerland, 4-12 March, 2016. The conference will be held in simultaneously in both English and French (with translation between the two working languages).

Unlike with most Model UN conferences, GIMUN reserves the final right to choose which students can participate. As a result all applications will need to be approved by both Pace and GIMUN itself. Pace MUN students will travel together and stay together with the [MUN faculty advisor](http://www.pace.edu/dyson/academic-departments-and-programs/political-science/faculty/matthew-bolton), Dr. Matthew Bolton. However, they will participate in their own delegations, not necessarily alongside other Pace students.

Pending final approval from the administration, Pace University will cover much of the cost of participation, including conference fees, flights and internal transportation and housing. However, participants accepted to go on the trip will need to make a contribution of around $400-500 (exact amount to be determined), plus any passport, visa, medical or vaccination costs you need to be able to travel and your own food and entertainment costs.

To take advantage of this opportunity, you will need to go through an application process. Please submit your application forms (attached to this document) to the Pace NYC MUN program by email (mbolton@pace.edu) by **14 December 2015 at noon** at the latest (late or paper submissions **will not** be accepted).

To be eligible to participate in this opportunity you must meet the following criteria. You must:

1. Complete this application form and attached information forms and waivers,
2. Be eligible for a passport and [entry into Switzerland](https://www.bfm.admin.ch/bfm/en/home/themen/einreise/merkblatt_einreise.html)
3. Commit to being registering in the Model UN class (POL303C) in Spring 2016 semester,
4. Have completed at least one semester of Model UN at Pace University New York City Campus and participated in at least one college-level Model UN Conference,
5. Be able to pay a contribution of between $400-500 (exact amount to be determined) to the cost of registration, travel and accommodation, in addition to passport, visa or medical fees needed for you to be able to travel and your own food and entertainment.
6. Be willing to work on your preparatory activities (position paper and speech writing) during the winter break
7. Be willing to help junior delegates prepare for the 2016 National Model UN conference in New York City.

The following considerations will also be taken into account:

1. Work ethic,
2. Maturity and behavior in previous classes and Model UN classes and conferences,
3. Attendance and participation in previous semesters of Model UN,
4. Communications and writing skills,
5. Knowledge of international affairs,
6. Interpersonal skills and teamwork.

Note that we will need to have **a minimum of seven (7) students** for Pace to be willing to fund this trip. Final decisions about logistics, how many people will go and who will be selected for this trip will be made by Dr. Jessica Lavariega Monforti, Chair of the Pace University New York City Political Science Department. Application materials are available in the following pages. For further details, contact Dr. Matthew Bolton, Model United Nations Advisor, Pace University New York City, mbolton@pace.edu **Application to Attend the Geneva International Model United Nations (GIMUN) Conference 2016
Part 1: General Application**

Full Legal Name (as appears on passport):

Email: Date of Birth:

Graduating Class: Major(s):

Minor(s):

1) Attach a current curriculum vitae to this form. CV attached? Yes/No

2) Will you be taking Model UN in Spring 2016 as a class?

3) Can you cover your $400-500 contribution as well as any food and entertainment, passport, medical or visa fees? Yes/No

4) Do you commit to the highest standard of behavior while in Switzerland, including compliance with Pace University codes of conduct, US and Swiss law? Yes/No

5) Do you commit to acting in a manner that is conducive to and fosters a safe learning environment free of bullying or harassment of any kind? Yes/No

6) Do you have a passport? Yes/No

Legal nationality or passport country of issue:

Passport No.: Passport Expiry Date:

**Please attach a scan of the photo and information page of your passport to this application. (If you are unable to get this before the application deadline, please let Dr. Bolton know by email).**

7) Please provide the name and full contact details of an emergency contact (such as a parent, guardian, roommate or friend):

Name of Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8) What semesters have you taken Model United Nations at Pace (e.g. Spring 2015, Fall 2015):

9) In how many Model UN conferences have you participated? List them, along with any committees, countries, positions and any awards won.

10) What is the primary language you grew up speaking?

11) Do you speak any French? (this is not required for the conference) Yes/No.

What level­­­­?: Beginner\_\_\_ Intermediate\_\_\_ Fluent \_\_\_ Native Speaker\_\_\_

12) Describe you the strengths you would bring to a possible assignment at GIMUN. Focus on the core competencies of teamwork, public speaking, writing, work ethic and knowledge of international affairs.

13) Describe the weaknesses you have in Model UN. Focus on the core competencies of teamwork, public speaking, writing, work ethic and knowledge of international affairs.

14) In what ways will you be able to assist, mentor and support the junior delegates as they prepare for the National MUN in New York City in Spring 2016?

15) It can be very stressful to travel to a different country, context and culture. Are you prepared for this challenge? Provide an example of a time in which you were required to be flexible and change plans. How did you cope with the situation?

16) Are there any issues that we should be aware of that might affect your ability to travel and participate?

17) Is there anything else we should know about your ability to contribute to the GIMUN experience?

Signature: Date:

**NOW FILL OUT PART 2 OF THE APPLICATION**

**APPLICATION CHECK LIST:**

Have you:

\_\_\_ Filled out and attached Part 1?

\_\_\_ Filled out Part 2 and attached your Application Cover Letter?

\_\_\_ Attached a current CV?

\_\_\_Attached a scan of the photo and information page of your passport?

\_\_\_ Signed and attached the medical information form (Part 3)?

\_\_\_ Signed and attached the travel release form (Part 4)?

\_\_\_ Signed and attached the photo release form (Part 5)?

\_\_\_ Emailed the completed application to Dr Bolton (mbolton@pace.edu)?

**Application to Attend the Geneva International Model United Nations (GIMUN) Conference 2016**

**Part 2: Application Essay**

Name:

Please rank the following GIMUN committees in order of your interest (1 being high, 6 being low) (see the GIMUN website for further details: <http://gimun.org/?page_id=1724>):

\_\_\_Security Council (SC)

\_\_\_Human Rights Council (HRC)

\_\_\_Economic and Social Council (ECOSOC)

\_\_\_ United Nations General Assembly First Committee (Disarmament and International Security)

\_\_\_United Nations General Assembly Sixth Committee (Legal)

\_\_\_World Health Organization (WHO)

Please rank the following available GIMUN positions in order of your interest (1 being high, 3 being low) (see the GIMUN website for further details <http://gimun.org/?page_id=898>):

\_\_\_Delegate. Which Member State would you prefer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_NGO representative. Which NGO would you prefer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Journalist (GIMUN has a journalist position that allows students to simulate reporting on international diplomacy).

In no more than a page, complete an cover letter that includes the following elements and attach it to this application form:

1. a general presentation of yourself and your qualifications (make sure you talk about your achievements at previous Model UN conferences)
2. an explanation of your interests in the GIMUN 2016 (read through the description of the conference carefully to describe what you would get out of it: <http://gimun.org/?page_id=898>)
3. an explanation of your particular in interest in and qualifications to represent your preferred assignment in your preferred committee
4. a description of your commitment to learning more about the United Nations, diplomacy, and/or global policymaking.

**Application to Attend the Geneva International Model United Nations Conference (GIMUN) 2016
Part 3: Medical Information**

This form is to be completed by the participant. The purpose of this form is to enable Pace University to provide appropriate assistance to you should the need arise during your Model United Nations experience. It is important that we be aware of any medical or emotional problems, past or current, which might affect your ability to participate in the Model United Nations program. Please be honest and comprehensive. The information provided will remain confidential as allowed by law and will not be used to disqualify you from the program. Relevant information will be shared with program staff, faculty, or appropriate professionals as it relates to your health and safety. **Pace University shall not be responsible for participant’s failure to provide complete and accurate information.**

Name:

Date of Birth:

Pace ID#:

Health Insurance Information (Name of provider, group and ID numbers):

This information is required to coordinate treatment in the event of a medical emergency. If you answer YES to any of the following questions, please provide details of the condition and treatment you received or are continuing to receive. Please contact us if any conditions or treatments change before the start of your program.

Are you currently under medical treatment? □Yes □ No If yes, explain.

Are there any medical conditions that we should be made aware of? □Yes □No If yes, explain.

Do you suffer from any allergies? □Yes □No If yes, explain.

Are you currently taking any medications? □Yes □No If yes, please specify.

Are you allergic to any medication? □Yes □No If yes, explain.

Do you suffer from any food allergies or have any dietary restrictions? □Yes □No If yes, explain.

Do you have a disability that will require accommodations while abroad? □Yes □ No If yes, explain.

Please be advised that the Americans with Disabilities Act (ADA) does not apply outside the borders of the U.S. However, Pace will assist you, to the extent possible, but we may not be able to obtain the accommodations necessary to enable you to participate in all aspects of the overseas program.

Are you up to date on vaccinations advised for travel to Switzerland by the Centers for Disease Control (<http://wwwnc.cdc.gov/travel/destinations/traveler/none/switzerland?s_cid=ncezid-dgmq-travel-leftnav-traveler>)? **Note that you will NOT be travelling to a malarial area**.

 □Yes □ No

**Additional Health Conditions**

Do you have any additional health conditions other than those previously listed (such as surgeries, hospitalizations, injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration before or during your experience or may affect your ability to participate in this program?

□ Yes □ No If Yes, explain:

If “Yes” above, you are required to fill out your Physician’s contact details below. In addition and you are advised to consult with your health care provider.

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization Statement:**

I hereby authorize the release of information from my medical history upon the request of Pace University New York City Political Science Department’s Model United Nations Program. I certify that the information on this Medical Information Form is true and correct, and I will notify Pace University New York City Political Science Department’s Model United Nations Program hereafter of any relevant changes in my health that occur prior to the start of the program. I understand that this information will be used only for the purposes for which it was prepared.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application to Attend the Geneva International Model United Nations Conference (GIMUN) 2016
Part 4: Release and Indemnification Agreement**

**RELEASE AND INDEMNIFICATION AGREEMENT**

**For students earning degrees at Pace University**

|  |  |
| --- | --- |
| **Student:**  | **ID#**  |

|  |
| --- |
| **Location of the Trip (City, Country) :** |
| **Trip Start Date:**  | **Trip End Date:**  |

I, the above named student, am eighteen years old or older and have voluntarily applied to participate in the above Pace University New York City Model United Nations program at the Geneva International Model United Nations (GIMUN) conference in Geneva, Switzerland. I acknowledge that the nature of the activities involved in this trip may expose me to hazards or risks that may result in illness, personal injury or death and I fully understand and accept the nature of such hazards and risks.

In consideration of my participation in the program identified above, I hereby accept all risk to my health and of injury or death that may result from such participation and I hereby release Pace University, its governing board, officers, employees, and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including death, that may result from or occur during my participation in the Model United Nations program, including with respect to program facilities and meals provided or arranged by GIMUN, except to the extent caused by the negligence of Pace University.

I agree to abide by the Pace University Guiding Principles of Conduct and other Pace University policies during and in connection with my participation in the program. I understand that violation of the Guiding Principles of Conduct or other Pace University policies may result in removal from the Model United Nations program, in addition to other disciplinary action that may be imposed under such policies, and I agree to act responsibly and appropriately at all times. I also agree to conform to all applicable policies, rules, regulations, and standards of conduct of GIMUN. I accept termination of my participation in the program by the University and full responsibility for transportation costs home if I fail to maintain acceptable standards of conduct. In addition, I agree that I will only receive a refund of fees, if appropriate, pursuant to the University’s and program’s policies. I understand that the faculty and /or staff member(s) conducting the program has the designated authority to remove a student from the program in accordance with this provision*.*

I understand that as a visitor in a foreign country, I will be subject to the laws of that country. I agree to comply with those laws. I understand that being charged with any infraction of the laws of the host country is grounds for immediate removal from the program, with refund of fees, if appropriate, pursuant to the University’s and program’s policies. In addition, I understand that should I have any legal problems in the host country, I will be responsible for legal costs incurred as a result. Pace University cannot provide legal counsel in such circumstances.

At all times during my travel with the program, I agree to be in possession of a valid United States passport and if not a United States citizen, a valid foreign passport, or official travel document and any visas (e.g., tourist or student visa) or other immigration documents (e.g., U.S. "green card", Form I-20) required for entry into a foreign country and re-entry into the United States. In the event that I am prevented from traveling with the group at any time due to my failure to be in possession of all necessary documents, I understand that I shall bear responsibility for all costs incurred to seek out, contact, and reach the group, obtain accommodations during periods of delayed departure from any location, or return home.

I understand that activities or independent travel conducted when I have free time before, during, or after the program, shall be unsupervised by Pace, its agents or employees. I agree that Pace, its agents, and employees shall have no responsibility or liability for any injury, damage or loss suffered by me during such periods of independent activity or travel, and this Release shall remain in full force and effect during such times.

I agree that in the event I become detached from the group or am unable to remain with the group for any reason not within the control of the University, I will bear all responsibility and costs incurred to seek out, contact, and reach the group at its next available destination.

I understand that if I voluntarily leave the program for any reason, including illness, I will be responsible for any and all costs associated with my return home. Any refund of tuition and fees, if appropriate, shall be issued pursuant to the University’s and program’s policies.

I understand that the University reserves the right to make cancellations, changes or substitutions to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes. I understand that Pace University has the right to cancel and/or discontinue the program due to a Department of State travel warning, hostile activity, acts of war or terrorism, or in the event of social or civil unrest. Any refund of fees, if appropriate, shall be issued pursuant to the University’s and program’s policies.

I agree that if I require an accommodation due to disability and/or religious observances in order to fully participate in the Model United Nations program, I will follow (or have already followed) the proper procedures for assessment and approval of such accommodation by the necessary University parties as reasonable. Such approval of accommodations must be granted prior to participation in the program.

I authorize Pace, its employees, agents and representatives to act in any attempt to safeguard and preserve my health and/or safety during my participation in the program, including authorizing medical treatment on my behalf and at my expense, and returning me to the United States at my own expense for medical treatment in case of an emergency.

I acknowledge that I have read this entire document and understand its terms.

This Release shall be construed in accordance with, and governed by, the laws of the State of New York. Any litigation regarding this Release or the Model United Nations program shall be brought in a court of competent jurisdiction in the County of New York, State of New York.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE MODEL UNITED NATIONS PROGRAM IDENTIFIED ABOVE.

|  |  |
| --- | --- |
| **Student Signature:**  | **Date:** |

**Application to Attend the Geneva International Model United Nations Conference (GIMUN) 2016
Part 5: Photo Release**

**AUTHORIZATION TO USE PORTRAIT OR PICTURE**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

authorize Pace University to use, for advertising purposes or for the purposes of trade, and portrait or picture of me in any printed, electronic or other media including, but not limited to, Pace Magazine and Pace University’s web site, and in connection with University-related fundraising activities.

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

Signature Date

Address

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

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Do you authorize Pace University to release information about your participation in this conference to printed, electronic or other media in your hometown? Yes/No.

If yes, please provide your hometown zip code. (If outside the USA, provide the town and state or province)