

Kimie Jackson

From: noreply@civicplus.com
Sent: Saturday, February 6, 2021 10:11 AM
To: Kimie Jackson
Subject: Online Form Submission #85 for City of Yachats Volunteer Agreement

City of Yachats Volunteer Agreement

City of Yachats
441 Highway 101 N
PO Box 345
Yachats, OR 97498

Phone: 541-547-3565
Fax: 541-547-3063

Thank you for your interest in volunteering for City of Yachats. We look forward to partnerships with volunteers to enable us to effectively serve the citizens of our community. In order to ensure the safety of our volunteers and protect the interests of City of Yachats, we require potential volunteers to complete this questionnaire form and participate in a background check. Thank you for volunteering.

First Name Tom

Last Name Lauritzen

Address

City Yachats

State OR

Zip Code 97498

Daytime Phone

Evening Phone

Email

(Section Break)

Volunteer Activity

Please describe the type of volunteer work you are interested in performing or
Vacancy on the Budget Committee

activity/event you wish to volunteer for.

Please list the date(s) or range of dates for which you would like to volunteer

Whenever required by the meeting schedule

Statement of Interest or Related Experience for Commissions & Committees

I have chosen to apply for the Budget Committee based on my previous 12-15 years of serving on the Budget and Finance Committees. Three years off has allowed enough time to recharge and Covid has rekindled the need to contribute.

Upload document, if needed

Field not completed.

(Section I - ak)

References

Please list two references that are **not related to you** and that have knowledge of your relevant experience for the type of volunteer activity you are interested in.

Reference 1

First Name

Leslie

Last Name

Vaaler

Address

Mayor of the City of Yachats

City

Field not completed.

State

Field not completed.

Zip Code

Field not completed.

Phone Number

Field not completed.

Relationship

Professional

Years Known

4

Reference 2

First Name

Greg

Last Name

Scott

Address

City Councilor of the City of Yachats

City

Field not completed.

State *Field not completed.*

Zip Code *Field not completed.*

Phone Number

Relationship Professional

Years Known 17

Emergency Information

Name and contact information for the person(s) to reach in the event of an emergency.

Name Pam Lauritzen

Phone Number

Relationship Spouse

Name Thomas J Lauritzen

Phone Number

Relationship *Field not completed.*

I understand and agree to the following:

- I will keep all issues pertaining to city business confidential
- I may be subject to background and motor vehicle record checks.
- I will adhere by Oregon Occupational Safety and Health Division (OR-OSHA) safety standards and training I am provided.
- I have read and understand the Volunteer Policy.

I hereby certify that the facts set forth in this volunteer registration are true to the best of my knowledge. I agree that if the information given in my registration, resume, or any other materials, or during any interview, is found to be false in any way, it shall be considered sufficient cause for denial of volunteer status.

I understand that City of Yachats is not obligated to appoint me to a volunteer position and that nothing contained in the volunteer registration form is intended to create a contract between City of Yachats and me. In addition to the above items, I agree to comply with the policies, rules, regulations, and procedures of City of Yachats, which I understand may change at any time and I understand that my volunteer status can be terminated with or without cause or notice, at any time, at the option of either me or City of Yachats.

Signature T J Lauritzen

Date 2/6/2021

Required for all Minors: Parent or Guardian's Authorization for Medical Care & Consent to Agreement

I PARENT/GUARDIAN as parent or legal guardian, hereby grant permission for MINOR to do volunteer work for City of Yachats. In the event of an emergency, accident, or illness, I authorize City of Yachats and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature in the following hereby represents that I have read, understand, and to this agreement.

Parent/Guardian *Field not completed.*

Minor *Field not completed.*

Signature *Field not completed.*

Date *Field not completed.*

Version 2019-04-16

Email not displaying correctly? [View it in your browser.](#)