

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	Julie
Last Name	Bailey
Address	PO Box 611
City	Yachats
State	OR
Zip Code	97498
Daytime Phone	15417317477
Evening Phone	<i>Field not completed.</i>
Email	juliebocean@gmail.com

(Section Break)

Volunteer Activity

Please describe the type of volunteer work you are interested in performing or activity/event you wish to volunteer for.	Planning commission
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Please list the date(s) or range of dates for which you would like to volunteer

As required

Statement of Interest or Related Experience for Commissions & Committees

I would appreciate being considered for the planning commission opening.

I have lived full time within city limits for almost four years, part time for a year or so before that and as a visitor for 40 years. I owned a successful business Mountain Rose Herbs for 30 years and during that time I was required to navigate many regulatory challenges some of which included planning. Particularly with renting and owning properties. I am certainly no expert but I am a great researcher/ferreter for information and for details.

I believe I can contribute constructively to the commission. I prefer to think things through and deliberate on the pros and cons rather than make decisions on the spot.

I'm pragmatic, earnest and thoughtful and it's high time I contributed to this beautiful community.

My previous hesitation is due to my dislike of zoom meetings – I so prefer in person meetings where the nuances and body language and civility are so much more likely to be apparent. And I have only recently become a citizen.

Happy to elaborate or answer any questions.

Upload document, if needed

Field not completed.

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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

MaryEllen

Last Name

OShaughnessy

Address

520 Marine Drive

City

Yachats

State

OR

Zip Code	97498
Phone Number	2176492339
Relationship	friend
Years Known	3
Reference 2	
First Name	Suse
Last Name	Kelley
Address	Windy Way
City	Yachats
State	OR
Zip Code	97498
Phone Number	4088870792
Relationship	friend
Years Known	5
Emergency Information <i>Name and contact information for the person(s) to reach in the event of an emergency.</i>	
Name	Suse Kelley
Phone Number	4088870792
Relationship	friend
Name	Julie Callow
Phone Number	5415015733
Relationship	friend

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 Julie Bailey

Date 4/5/2022

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.*

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