

# City of Yachats Volunteer Agreement

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

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

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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.

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First Name	Tod
Last Name	Davies
Address	PO BOX 511
City	YACHATS
State	None
Zip Code	97498
Daytime Phone	5414828779
Evening Phone	<i>Field not completed.</i>
Email	<a href="mailto:tod.davies@gmail.com">tod.davies@gmail.com</a>

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## Volunteer Activity

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Please describe the type of volunteer work you are interested in performing or activity/event you wish to volunteer for.	Joining as a member of the Yachats Planning Commission
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Please list the date(s) or	any time
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range of dates for which  
you would like to volunteer

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Statement of Interest or  
Related Experience for  
Commissions & Committees

Since my husband and I moved to Yachats three years ago, what has impressed me most is how passionately involved my neighbors are in our town—in making it, and our world, a better place. I'd be proud to follow in Julie Bailey's footsteps in contributing to "this beautiful community," and honored to join in the conversation as a member of the Planning Commission. With years of board and committee experience in two countries behind me, I know that the best decisions come from considering differing points of view, and that once a decision is made, the best way forward is to act on it. If I'm invited to join, that's the orientation I'll bring along with me. Onward, Yachats!

#### PREVIOUS BOARD MEMBERSHIPS

1998 - 2000 Toxteth TV Project Champion, Board  
2005- 2011 Colestin Rural Fire District Vice Chair  
2015 - 2018 Friends of Hannon Library Vice Chair/Publicity  
2015 - 2019 Colestin Rural Fire District Public Information Officer  
2021 - present Ashland.news board member

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Upload document, if  
needed

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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.*

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#### Reference 1

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First Name Bert

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Last Name Etling

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Address PO Box 640

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City Ashland

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State Oregon

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Zip Code 97520

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Phone Number 541 631 1313

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Relationship editor, Ashland.news

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Years Known 7

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Reference 2

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First Name Steve

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Last Name Avgeris

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Address 1701 Colestin Road

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City Ashland

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State Oregon

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Zip Code 97520

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Phone Number 541 821 8339

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Relationship fire chief, Colestin Rural Fire District

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Years Known 30

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

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Name Alex Cox

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Phone Number 541 210 0057

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Relationship husband

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Name Teri Lewyn Thomas

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Phone Number 541 301 3890

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Relationship accountant

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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.
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- 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.

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Signature	Tod Davies
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Date	7/26/1955
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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.*

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Parent/Guardian	<i>Field not completed.</i>
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Minor	<i>Field not completed.</i>
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Signature	<i>Field not completed.</i>
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Date	<i>Field not completed.</i>
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Version 2019-04-16

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