

City Recorder

From: noreply@civicplus.com
Sent: Monday, March 6, 2023 1:05 PM
To: City Hall; City Recorder
Subject: Online Form Submission #189 for City of Yachats Volunteer Agreement

Follow Up Flag: Follow up
Flag Status: Flagged

City of Yachats Volunteer Agreement

City of Yachats

501 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	Rick
Last Name	Sant
Address	
City	Yachats
State	Oregon
Zip Code	97498
Daytime Phone	
Evening Phone	Field not completed.
Email	

(Section Break)

Volunteer Activity

Please describe the type of volunteer work you are interested in performing or activity/event you wish to volunteer for. Budget Committee

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

Statement of Interest or Related Experience for Commissions & Committees My experience in budgetary processes include responsibility as Vice President and GM for a major newspaper in Southern California. This included responsibility for Production, Packaging, Transportation, Distribution, IT, and Facilities. My responsibilities included about 45 million in cost along with another 50 million in consumables.

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 Rich

Last Name Mirman

Address *Field not completed.*

City *Field not completed.*

State *Field not completed.*

Zip Code *Field not completed.*

Phone Number 

Relationship As President, he was my direct manager

Years Known Appx 9 years

Reference 2

First Name	Riff
Last Name	Matre
Address	<i>Field not completed.</i>
City	<i>Field not completed.</i>
State	<i>Field not completed.</i>
Zip Code	<i>Field not completed.</i>
Phone Number	
Relationship	My direct report in Spokane
Years Known	5 years

Emergency Information

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

Name	Brooke Sant
Phone Number	
Relationship	Wife
Name	Rick Sant
Phone Number	
Relationship	<i>Field not completed.</i>

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 Richard Sant

Date 3/6/2023

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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