

City Recorder




From: noreply@civicplus.com
Sent: Wednesday, March 22, 2023 12:36 PM
To: City Hall; City Recorder
Subject: Online Form Submission #192 for City of Yachats Volunteer Agreement

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	dan
Last Name	sterling
Address	
City	Yachats
State	OR
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.	Parks and Commons Commission
Please list the date(s) or range of dates for which you would like to volunteer	Anytime
Statement of Interest or Related Experience for Commissions & Committees	As a retired public school teacher and administrator in the South Coast Educational Service District, Eugene 4J School District, Portland Public Schools, and Lake Oswego School District with 25 years of experience, I am interested in serving the city. It is my desire to support the use, maintenance, improvement, and creation of parks and public places for the purpose of connecting and improving the health of all members of our community. I'm energized by challenges that involve collaborating, envisioning, planning & organizing, and managing projects. My communication style is: thoughtful, honest, and considerate. My values include commitment, transparency, fairness, win-win solutions, collaboration, and using time wisely.
Upload document, if needed	<i>Field not completed.</i>

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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	Rob
Last Name	Pell
Address	
City	Grants Pass
State	OR
Zip Code	97526
Phone Number	
Relationship	Friend

Years Known 43

Reference 2

First Name Steve

Last Name Sherrell

Address 

City Lake Oswego

State OR

Zip Code 97034

Phone Number 

Relationship Friend, former supervisor

Years Known 18

Emergency Information

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

Name LeeAnn McKenna

Phone Number 

Relationship friend

Name Rob Pell

Phone Number 

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 Dan Sterling

Date 3/22/2023

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.*

Version 2022-10-01

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