

City Recorder




From: noreply@civicplus.com
Sent: Monday, July 17, 2023 2:42 PM
To: City Hall; City Recorder
Subject: Online Form Submission #208 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	Street
Last Name	Schellhase
Address	 Overlook Dr
City	Yachats
State	OR
Zip Code	97498
Daytime Phone	
Evening Phone	
Email	street.schellhase@gmail.com

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Volunteer Activity



Please describe the type of volunteer work you are interested in performing or activity/event you wish to volunteer for.	Library Commision member
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	Being a life long user of public libraries, I am well aware of the value they bring to the community; therefore, I am interested in serving on the library commission. I am a full time Yachats resident and a retired structural engineer who worked for 35 years as a design professional on commercial and residential building projects. For the final five years of my career, I worked for the Denver Building Department reviewing architectural and structural plans for building code and accessibility compliance, so I believe I could be particularly helpful with construction related library projects.
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	Rodger
Last Name	Young
Address	
City	Denver
State	CO
Zip Code	80220
Phone Number	
Relationship	Co-worker/business partner
Years Known	26

Reference 2

First Name	Eric
Last Name	Browning
Address	
City	Denver
State	CO
Zip Code	80202
Phone Number	
Relationship	Supervisor/Chief Building Official City & County of Denver
Years Known	7.5

Emergency Information

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

Name	Lynn Schellhase
Phone Number	
Relationship	Spouse
Name	Erin Thibodeaux-Pace
Phone Number	
Relationship	Daughter

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 Street H Schellhase

Date 7/17/2023

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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