1. 2:00 P.M. Agenda

   Documents:

   2022-08-01 Agenda Emergency Preparedness.pdf

2. 2:00 P.M. Meeting Materials

   Documents:

   Alex Cox Application.pdf

CITY OF YACHATS
Emergency Preparedness Committee
Yachats, OR 97498
ZOOM MEETING
Monday, August 1, 2022 at 2:00pm

Join Zoom Meeting
https://us02web.zoom.us/j/86268718302

Meeting ID: 862 6871 8302
One tap mobile
+12532158782,,86268718302# US (Tacoma)
+13462487799,,86268718302# US (Houston)

Dial by your location
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 669 900 6833 US (San Jose)
+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)
Meeting ID: 862 6871 8302
Find your local number: https://us02web.zoom.us/u/kdqURp5n4Y

AGENDA

I. CALL MEETING TO ORDER
A. ATTENDANCE OF COMMITTEE
TRACY / JILL / BOB / DON / DREW / JAMES / MAYOR VAALER / RICK

II. CORRESPONDENCE / COMMUNICATIONS
A. APPLICATION FOR NEW MEMBER

III. REPORTS
A. FOLLOW UP –HOW & WHERE FILED
'SUGGESTIONS FOR NEXT YEAR EMERGENCY PREPAREDNESS FAIR'
B. FIRE DEPARTMENT – JULY MTG

This is a sub-committee working on behalf of Public Works & Streets Commission. This meeting is open to the public and interested citizens are invited to attend. This is not a community forum; audience participation is at the discretion of the sub-committee members The Audio of all public meetings are available for review at City Hall, or on the City website at www.yachatsoregon.org . A sign language or foreign language interpreter may be available, with advance notice. Call City Hall at 541-547-3565 or Oregon Relay 1-800-735-2900 (TDD) two days in advance.

IV. CURRENT BUSINESS

A. ATTEMPT AT GETTING NEIGHBORHOODS MAPPED - STATUS
B. CACHE DISCUSSION
    a. MEETING WITH CITY MANAGER

V. OLD BUSINESS

A. CHAIR FOR COMMITTEE
B. STORM READINESS APPLICATION….BASE CAMP FOLDER

VI. NEW BUSINESS

A. COMMUNITY CACHE HIKES
B. COUNTY COMMUNICATION - ACTIVITIES

VII. OTHER BUSINESS

A. FROM COMMITTEE

Next Meeting: Monday , September 5, 2022 at 2:00pm

********NOTICE OF POSSIBLE CITY COUNCIL QUORUM***

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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	Alex
Last Name	Cox
Address	315 Radar Rd PO Box 511
City	Yachats
State	OR
Zip Code	97498
Daytime Phone	5415476111
Evening Phone	*Field not completed.*
Email	tombstone@fastmail.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.	Emergency Preparedness Committee / Team
Please list the date(s) or	Any time

range of dates for which you would like to volunteer	
Statement of Interest or Related Experience for Commissions & Committees	I'm a member of the Works and Streets Commission, a volunteer firefighter in the Colestin Valley, OR, and assisted as a Connex guide on "Preparedness Day." I'm especially interested in the container project, and might be a good liaison with the Fire Dept.
Upload document, if needed	*Field not completed.*

(Section Break)

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	Steve
Last Name	Avgaris
Address	*Field not completed.*
City	*Field not completed.*
State	*Field not completed.*
Zip Code	*Field not completed.*
Phone Number	*Field not completed.*
Relationship	Fire Chief, CRFD
Years Known	30

Reference 2	
First Name	Ernesto
Last Name	Acevedo Munoz
Address	*Field not completed.*
City	*Field not completed.*

State	*Field not completed.*
Zip Code	*Field not completed.*
Phone Number	*Field not completed.*
Relationship	Dept Chair, CU Boulder
Years Known	10

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

Name	Tod Davies
Phone Number	5414828779
Relationship	wife
Name	*Field not completed.*
Phone Number	*Field not completed.*
Relationship	*Field not completed.*

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	Alex Cox
Date	7/14/2022

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.*

Version 2019-04-16