

1. 10:00 A.M. Agenda

Documents:

[2023-09-14 Library Commmison Special Agenda.pdf](#)

2. Meeting Material

Documents:

[Schellhase Application.pdf](#)

[July 2023 Financial Report.pdf](#)

3. No Agenda

There is no agenda available for this meeting, please review the minutes.



CITY OF YACHATS
YACHATS LIBRARY COMMISSION SPECIAL MEETING
Thursday, September 14, 2023, at 10:00 am
To Be Held Via Zoom & In Person Located at:
Commons Bldg., Civic Meeting Room 1
441 Hwy 101 N., Yachats OR 97498

Join Zoom Meeting

<https://us02web.zoom.us/j/82276316677>

Meeting ID: 822 7631 6677

AGENDA

Work Session

- I. An interview with Library Commissioner Candidate: Street Schellhase

Regular Meeting

- II. Meeting called to order
- III. Vote on whether to recommend Street Schellhase to the Yachats City Council for inclusion on the Yachats Library Commission
- IV. Reschedule our regular October Library Commission meeting due to a scheduling conflict
- V. Old business
- VI. New business
- VII. Adjournment

Library Commission Meeting held Quarterly on the 2nd Thursday at 10:00am
(January-April-July-October 2nd Thursday)

This meeting is open to the public and all interested persons are invited to attend. This meeting will be audio taped. All items to be considered by the Commission must be submitted to City Hall no later than one week prior to the meeting. City of Yachats will make a good faith effort to provide accommodations for any person desiring to attend a public meeting, if the request is made at least 48 hours in advance of the meeting time.; 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. Posted: 09/05/23 By: Kimmie Jackson, Deputy City Recorder

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

(Section Break)

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>

(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	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.

Version 2022-10-01

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

Library 100-1030
Monthly Financial Detail Report
JULY 2023

Printed: 08/31/2023
 Period 01 - 01
 Fiscal Year 2023

Fund	Dept	Account Number	Description	Budget for Year	Prior Mo Bal	Current Activity	Actual to Date	% of Budget	Notes
100	1030	300101	Beginning Balance	\$ 27,751.55	\$ -	\$ -	\$ -	0.00%	Beginning Balance - Unaudited
100	1030	304480	Gifts/Donations	\$ 150.00	\$ -	\$ -	\$ -	0.00%	
100	1030	304481	Grants	\$ 5,000.00	\$ -	\$ -	\$ -	0.00%	
100	1030	304690	Other State Sources	\$ 1,000.00	\$ -	\$ -	\$ -	0.00%	
100	1030	314861	Transfer in General Fund	\$ 25,000.00	\$ -	\$ -	\$ -	0.00%	
			REVENUE	\$ 58,901.55	\$ -	\$ -	\$ -	0.00%	Quarterly transfer from 100-1010
100	1030	105111	Wastewater Lead	\$ -	\$ -	\$ 44.46	\$ 44.46	0.00%	
100	1030	105114	Field Utility	\$ -	\$ -	\$ 13.63	\$ 13.63	0.00%	
100	1030	105116	Librarian Part Time	\$ 13,800.00	\$ -	\$ 1,231.25	\$ 1,231.25	8.92%	
100	1030	105140	Fringe Benefits	\$ 1,000.00	\$ -	\$ 100.55	\$ 100.55	10.06%	
100	1030	105141	Insurance Benefits	\$ 100.00	\$ -	\$ 17.52	\$ 17.52	17.52%	
100	1030	105142	Regular PERS System	\$ -	\$ -	\$ 7.52	\$ 7.52	0.00%	
			PERSONNEL	\$ 14,900.00	\$ -	\$ 1,414.93	\$ 1,414.93	9.50%	
100	1030	205222	Insurance	\$ 3,100.00	\$ -	\$ -	\$ -	0.00%	Annual Property/Liability Renewal FY24
100	1030	205240	Office Materials & Supplies	\$ 300.00	\$ -	\$ 174.37	\$ 174.37	58.12%	
100	1030	205251	Telephones/Cell Phones/DSL	\$ 1,400.00	\$ -	\$ 107.43	\$ 107.43	7.67%	
100	1030	205252	Utilities	\$ 1,600.00	\$ -	\$ -	\$ -	0.00%	
100	1030	205260	Contract Expense (Prof Svc)	\$ 1,200.00	\$ -	\$ -	\$ -	0.00%	
100	1030	205282	Software	\$ 700.00	\$ -	\$ 5.00	\$ 5.00	0.71%	
100	1030	205313	Equipment Repair	\$ 300.00	\$ -	\$ -	\$ -	0.00%	
100	1030	205330	Building and Land Maintenance	\$ 2,600.00	\$ -	\$ 100.00	\$ 100.00	3.85%	
100	1030	205335	Custodial Support/Supplies	\$ 3,700.00	\$ -	\$ 167.01	\$ 167.01	4.51%	
100	1030	205340	Operating Materials & Supplies	\$ 400.00	\$ -	\$ -	\$ -	0.00%	
100	1030	205345	Books and Periodicals\Children's Books/Programs	\$ 3,000.00	\$ -	\$ 1,702.41	\$ 1,702.41	56.75%	
100	1030	205474	Mowing	\$ 100.00	\$ -	\$ 19.00	\$ 19.00	19.00%	
100	1030	205490	Material and Services	\$ 300.00	\$ -	\$ -	\$ -	0.00%	
			MATERIALS AND SERVICES	\$ 18,700.00	\$ -	\$ 2,275.22	\$ 2,275.22	12.17%	
			EXPENSE	\$ 33,600.00	\$ -	\$ 3,690.15	\$ 3,690.15	10.98%	
			Revenue Total	\$ 58,901.55	\$ -	\$ -	\$ -	0.00%	
			Expense Total	\$ 33,600.00	\$ -	\$ 3,690.15	\$ 3,690.15	10.98%	
			NET GAIN/(LOSS)	\$ 25,301.55	\$ -	\$ (3,690.15)	\$ (3,690.15)	-14.58%	

Library Reserve 150-1030
 Monthly Financial Detail Report
 JULY 2023

Printed: 08/31/2023
 Period 01 - 01
 Fiscal Year 2023

Fund	Dept	Account Number	Description	Budget for Year	Prior Mo Bal	Current Activity	Actual to Date	% of Budget	Notes
150	1030	300101	Beginning Balance	\$ 358,369.60	\$ -	\$ -	\$ -	0.00%	Beginning Balance - Unaudited
150	1030	300105	Beginning Balance-Hall Bequest	\$ 150,000.00	\$ -	\$ -	\$ -	0.00%	Beginning Balance - Unaudited
150	1030	304481	Grants	\$ 400,000.00	\$ -	\$ -	\$ -	0.00%	
			Revenue	\$ 908,369.60	\$ -	\$ -	\$ -	0.00%	
150	1030	407942	Capital Outlay - Buildings	\$ 258,000.00	\$ -	\$ -	\$ -	0.00%	
			CAPITAL OUTLAY	\$ 258,000.00	\$ -	\$ -	\$ -	0.00%	
			EXPENSE	\$ 258,000.00	\$ -	\$ -	\$ -	0.00%	
			Revenue Total	\$ 908,369.60	\$ -	\$ -	\$ -	0.00%	
			Expense Total	\$ 258,000.00	\$ -	\$ -	\$ -	0.00%	
			NET GAIN/(LOSS)	\$ 650,369.60	\$ -	\$ -	\$ -	0.00%	