1. 2:00 P.M. Agenda

   Documents:

   2024-03-04 Emergency Preparedness Agenda.pdf

2. Meeting Material

   Documents:

   Volunteer Applictions.pdf

CITY OF YACHATS
EMERGENCY PREPAREDNESS COMMITTEE
Monday, March 4, 2024 at 2:00pm
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/88005525235

Meeting ID: 880 0552 5235

AGENDA

I. Call to Order

II. Announcements & Correspondence

III. Citizen's Concerns

IV. Reports

a. Review of all received applications for Committee members
1. b. Communication Status in Emergencies (J. Sanders)

V. Current Business

a. Table top Discussion by County or State regarding: response/preparing for a disaster
b. Emergency Preparedness Fair – establish dates to reserve facilities
1. Review previous fair info
c. Storm Ready Application (Attached) Review and

VI. New Business

a. Newsletter Articles

VII. Other Business

a. From Commission
b. From Staff

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.
Posted 01/04/2024 By: Kimmie Jackson Deputy City Recorder.

Kimmie Jackson

From: noreply@civicplus.com
Sent: Thursday, February 15, 2024 3:23 PM
To: City Hall; Kimmie Jackson
Subject: Online Form Submission #250 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	Peter
Last Name	Hurst
Address	[redacted]
City	Yachats
State	OR
Zip Code	97498
Daytime Phone	[redacted]
Evening Phone	*Field not completed.*
Email	[redacted]

(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
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	We live in a place and time where/when theneed for emergency preparedness is both critically important and easy to ignore. I'd like to be much better educated in this realm and help do the work to further the community's efforts to prepare for the whole range of potential disasters.
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	Meg Simans
Last Name	Simans
Address	[redacted]
City	Yachats
State	OR
Zip Code	97498
Phone Number	[redacted]
Relationship	friend
Years Known	1+

Reference 2

First Name	[redacted]
Last Name	Brodie
Address	[redacted]

City	Yachats
State	OR
Zip Code	97498
Phone Number	[redacted]
Relationship	Friend
Years Known	1+

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

Name	Lauren Casalino
Phone Number	[redacted]
Relationship	Very Significant Other
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	Peter Hurst

Date	2/15/2024

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

Kimmie Jackson

From: noreply@civicplus.com
Sent: Thursday, February 29, 2024 11:26 AM
To: City Hall; Kimmie Jackson
Subject: Online Form Submission #251 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	Tracy
Last Name	Cahn
Address	[redacted]
City	*Field not completed.*
State	*Field not completed.*
Zip Code	*Field not completed.*
Daytime Phone	[redacted]
Evening Phone	*Field not completed.*
Email	[redacted]

(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
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 daughter and I have lived here full time since 2018. I feel it is important to know what to do in an emergency. I personally lived through a disaster in another town. I would like to know more about what Yachats is doing for emergency preparedness and help others know as well.
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	Becky
Last Name	Cox
Address	King street
City	Yachats
State	OR
Zip Code	97498
Phone Number	
Relationship	Next door neighbor
Years Known	10
Reference 2	

First Name	Quinto
Last Name	Smith
Address	*Field not completed.*
City	Yachats
State	OR
Zip Code	97498
Phone Number	
Relationship	Town neighbor
Years Known	5

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

Name	Mike or Debbie Boulant
Phone Number	
Relationship	Parents
Name	Layla Maldonado
Phone Number	
Relationship	Friend who lives in Yachats

I understand and agree to the following:

- I will keep all issues pertaining to city business confidential
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- 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	Tracy L. Cahn
Date	2/29/2024

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

Kimmie Jackson

From: noreply@civicplus.com
Sent: Thursday, February 15, 2024 12:17 PM
To: City Hall; Kimmie Jackson
Subject: Online Form Submission #249 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	Michele
Last Name	Robbins
Address	[redacted]
City	Yachats
State	OR
Zip Code	97498
Daytime Phone	[redacted]
Evening Phone	*Field not completed.*
Email	[redacted]

(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
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	When I worked for Snohomish County PUD (Washington) I was on the Emergency Management committee and was in charge of safe and swift employee evacuation by creating floor wardens in each section of each building and coordinated and conducted training. I was also responsible for setting up evacuation drills. In addition, I would be a guest speaker at Rotary, Kiwanis,etc. in all the cities within Snohomish County and discussed the importance emergency preparedness. As that responsibility grew, I went to Western Washington University and took on-lines classes and received an Emergency Management Certificate from WWU.
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	none availalbe
Last Name	retired
Address	*Field not completed.*
City	*Field not completed.*
State	*Field not completed.*
Zip Code	*Field not completed.*
Phone Number	*Field not completed.*

Relationship	former co-worker
Years Known	20 years?
Reference 2	
First Name	none available
Last Name	retired
Address	*Field not completed.*
City	*Field not completed.*
State	*Field not completed.*
Zip Code	*Field not completed.*
Phone Number	*Field not completed.*
Relationship	former co-worker
Years Known	20 years?

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

Name	John Robbins
Phone Number	
Relationship	husband
Name	*Field not completed.*
Phone Number	*Field not completed.*
Relationship	*Field not completed.*

I understand and agree to the following:

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- 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.

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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	Michele Robbins
Date	2/15/2024

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