1. 2:00 P.M. Agenda

   Documents:

   2024-04-01 Emergency Preparedness Agenda.pdf

2. Meeting Material

   Documents:

   2024-03-04 Emerg Prep Action Summary.pdf
   Volunteer Applications For Review.pdf

CITY OF YACHATS
EMERGENCY PREPAREDNESS COMMITTEE
Monday, April 1, 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
- a. Welcome new members (Michele Robins, Kathy McCulloch, Kathleen Torrence & Mary Reeves)

III. Citizen's Concerns

IV. Reports
- a. Fire Dept Report
- b. EPC dates for EP Fair & Tabletop

V. Current Business
- a. Review application of new Members
- b. Tabletop – Discussion and elect chair
- c. EP Fair – Elect a chair

VI. New Business
- a. Elect EPC Chair
- b. 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 03/28/2024 By: Kimmie Jackson Deputy City Recorder.

CITY OF YACHATS EMERGENCY PREPAREDNESS COMMITTEE

ACTION SUMMARY

Date:	March 4, 2024
Time:	2:00 p.m.
Place:	441 Hwy 101 N., Civic Meeting Room 1
Attending:	James Sanders, Don Groth; Staff: Morphis and Jackson and Bobbi Price and Linn West, Chair of Public Works & Streets
Absent	

1. Agenda Item and Notes, Decisions, Issues	
Topic	Discussion
Announcements or Correspondence	None
2. Agenda Item Citizens Concerns	
	None
4. Agenda Item Interview Volunteer Applications	
	Commission member interview the following candidates: Michele Robbins who has emergency management experience and is willing to do FEMA training and can put together training packages; Katheryn Torrance who is working on the resiliency grant, is a retired nurse; Mary Reeves who is a CERT Member and a retired family doctor, and Kathy McCulloch local resident that is interested in this particular committee.
	Peter Hurst and Tracy Cahn did not attend this meeting and will try to interview in April.
Action Items:	The motion was made to approve the above candidates as volunteers to the Emergency Preparedness Committee, forward to Public Works & Streets to approve and move to City Council for final approval. The vote was called and passed unanimously.
5. Agenda Items Current Business	

	Discussed the communications systems and the need for testing radios and making sure they are in each Conex. The current radios don't have a wide range.
	The tabletop is scheduled with the county; considering having these quarterly or annual; consider using past tabletops. More discussion to determine more specific criteria.
	June 12th / 13th are possible dates for training and to try an coordinate with the fire department and Lincoln County Rep.
	The Emergency Preparedness Fair will be on September 14h and will check with the Commons Coordinator to confirm dates. NOAA, Tracy Crews has interns for emergency Preparedness and staff will check to see what they can specifically be used for. It was discussed that the neighborhood associations should be contacted to see what they may be doing to take care of their residents. Discussion continued regarding the budget and making sure to submit their budget for consideration annually.
Action Items	May 5th will be the county & staff Fire tabletop and the Lincoln County representative will be attending.
	Recorder Jackson to locate the previous tabletop for fire that was done by Bob Bennett.
5. Agenda Item Other	
	Also discussed warming supplies for the Commons/City Hall and what would be needed.
Action Items:	

Adjournment:	3:55 p.m.
Prepared By:	Kimmie Jackson, Deputy City Recorder

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]

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.*

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	[redacted]
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	[redacted]
Relationship	Parents
Name	Layla Maldonado
Phone Number	[redacted]
Relationship	Friend who lives in Yachats

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 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 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]

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.*

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