1. 2:00 P.M. Agenda

   Documents:

   2024-05-09 City Council Special Meeting Agenda.pdf

2. Resolutions

   Documents:

   2024-232 RES Council Appointment.pdf
   2024-233 RES Budget Member Appointment.pdf

3. Meeting Material

   Documents:

   Ekdom Submission 271 For City Of Yachats Volunteer Agreement_Redacted.pdf
   Sakamoto Submission 270 For City Of Yachats Volunteer Agreement_Redacted.pdf

CITY OF YACHATS
441N Hwy 101, Civic Meeting Room 1
Thursday May 9, 2024, at 2:00 pm
To Be Held In-Person & Via Zoom

Join Zoom Meeting
https://us02web.zoom.us/j/84443971379
Meeting ID: 844 4397 1379

City Council Special Meeting

I. Swear In Council Member – Anthony Muirhead

II. Interview Budget Committee application received

The Yachats City Council meetings are open to the public and interested citizens are invited to attend via Zoom. These are open meetings under Oregon law, but a work session is not a community forum; audience participation is at the discretion of the Council. Meetings are audio-recorded. The meeting are accessible to persons with disabilities. For accommodations, please call (541) 547-3565, or Oregon Relay 1-800-735-2900 TDD) two days in advance. City of Yachats does not discriminate on the basis of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. 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 May 2, 2024 By: Kimmie Jackson Deputy City Recorder*

CITY OF YACHATS
RESOLUTION NO. 2023-232
A RESOLUTION APPOINTING A MEMBER TO THE YACHATS CITY COUNCIL

WHERAS, there is a vacancy on the Yachats City Council due to the resignation of a Council member.

NOW THEREFORE, the City of Yachats resolves

Anthony Muirhead is hereby appointed, as per the Yachats City Charter, to fill the vacant City Council position, with a term ending December 31, 2024.

EFFECTIVE DATE: This Resolution shall take effect immediately upon its adoption.

Passed and adopted by the Yachats City Council this 9th day of May 2024.

Attest:

Craig Berdie, Mayor

Bobbi Price, City Manager

CITY OF YACHATS
RESOLUTION NO. 2024-233
A RESOLUTION APPOINTING A BUDGET COMMITTEE MEMBER

WHEREAS, The Budget Committee received two volunteer applications requesting to serve on the Budget Committee;

WHEREAS, The City Council discussed and recommended one candidate at this May 9, 2024, meeting and voted to approve;

NOW THEREFORE, be it resolved by the City of Yachats City Council appoints the following member to the Budget Committee:

- _____ Seat D Expiring 12/31/2026

This Resolution was Adopted by the City of Yachats City Council on this 9th day of May 2024.

CITY OF YACHATS

_____
Craig Berdie, Mayor

ATTESTED BY:

_____
Bobbi Price, City Manager

From: noreply@civicplus.com
To: City Hall; Kimmie Jackson
Subject: Online Form Submission #271 for City of Yachats Volunteer Agreement
Date: Thursday, April 18, 2024 5:42:22 PM

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	Julie
Last Name	Ekdom
Address	P.O. Box [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	Budget Committee

you are interested in performing or activity/event you wish to volunteer for.	
Please list the date(s) or range of dates for which you would like to volunteer	2024 Budget
Statement of Interest or Related Experience for Commissions & Committees	As an actuary, I have extensive experience with projections and financial statements. I have served several hundred clients across the country and around the globe. I am willing to serve because I care about the citizens of this community.
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	Elizabeth
Last Name	Morrill
Address	Radar Rd
City	Yachats
State	OR
Zip Code	97498
Phone Number	[redacted]
Relationship	Neighbor
Years Known	3
Reference 2	
First Name	Rebecca
Last Name	Owen

Address	Quiet Water
City	Yachats
State	OR
Zip Code	97498
Phone Number	[redacted]
Relationship	Fellow Actuary
Years Known	1

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

Name	Susan Ellis
Phone Number	[redacted]
Relationship	Spouse
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	Julie Ekdom
Date	4/18/2024

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

From: noreply@civicplus.com
To: City Hall; Kimmie Jackson
Subject: Online Form Submission #270 for City of Yachats Volunteer Agreement
Date: Thursday, April 18, 2024 7:47:26 AM

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	Marc
Last Name	Sakamoto
Address	PO BOX [redacted]
City	Yachats
State	Oregon
Zip Code	97498
Daytime Phone	[redacted]
Evening Phone	*Field not completed.*
Email	[redacted]

(Section Break)

Volunteer Activity	
Please describe the type of volunteer work	Budget Committee

you are interested in performing or activity/event you wish to volunteer for.	
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	Business experience with managing and creating budgets at both the department and corporate level, as chair of Planning Commission I am working towards creating a budget for the commission
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	Craig
Last Name	Berdie
Address	*Field not completed.*
City	*Field not completed.*
State	*Field not completed.*
Zip Code	*Field not completed.*
Phone Number	*Field not completed.*
Relationship	Friend
Years Known	2
Reference 2	
First Name	John
Last Name	Theilacker
Address	*Field not completed.*

City	*Field not completed.*
State	*Field not completed.*
Zip Code	*Field not completed.*
Phone Number	*Field not completed.*
Relationship	Friend
Years Known	2

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

Name	Barbara A Sakamoto
Phone Number	[redacted]
Relationship	Wife
Name	marc s Sakamoto
Phone Number	[redacted]
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	Marc Sakamoto
Date	4/18/2024

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