1. 2:00 P.M. Agenda

   Documents:

   2024-08-05 Emergency Preparedness Agenda.pdf

2. Meeting Material

   Documents:

   EPC Volunteer Applications Oppenheimer_Redacted.pdf
   EPC Volunteer Agreement Oppenheimer Steve.pdf

CITY OF YACHATS
EMERGENCY PREPAREDNESS COMMITTEE
Monday, August 5, 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. Interview 2 candidates for Committee
  - i. Susan Oppenheimer
  - ii. Steve Oppenheimer

III. Citizen's Concerns

IV. Reports
- a. Fire Dept Report (Alex or Kevin)

V. Current Business
- a. EPC EP Fair (September 14) - Kathryn Torrence
  1. Review current list of presenters
     Others to contact?
  2. Status of 'Go Bags' supplies
  3. Review schedule of Workshops
  4. Reivew Layout out of Commons

VI. New Business
- a. Advertise for EPC Fair!
- b. Newsletter Articles - need writers
- c. Volunteer to review Conex supplies and suggest additions/modifications
- d. South Conex: Move & Replace
- e. Wayfinding to Conex

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 07/29/2024 By: Kimmie Jackson, Recorder.

TWO NEW APPLICATIONS FOR COMMITTEE #1

form and participate in a background check. Thank you for volunteering.

First Name	**Susan**
Last Name	**Oppenheimer**
Address	[redacted] NW Oregon street
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	Whenever there are committee meetings or events

which you would like to volunteer	
Statement of Interest or Related Experience for Commissions & Committees	Have been FEMA trained. Was on committee at local hospital
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	Kathy
Last Name	Torrence
Address	*Field not completed.*
City	Yachats
State	OR
Zip Code	97498
Phone Number	[redacted]
Relationship	Coworker
Years Known	10+
Reference 2	

First Name	Gerry and Nancy
Last Name	Brown
Address	California street
City	Yachats
State	OR
Zip Code	97498
Phone Number	[redacted]
Relationship	Friends
Years Known	10

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

Name	Steve Oppenheimer
Phone Number	[redacted]
Relationship	Spouse
Name	Mackenzie Wells
Phone Number	[redacted]
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	Susan Oppenheimer
Date	6/8/2024

#2

First Name	**Steve**
Last Name	**Oppenheimer**
Address	[redacted] NW Oregon street
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	FEMA trained. Was on medical emergency preparedness committee
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	Gerry and Nancy
Last Name	Brown

Address	California street
City	Yachats
State	OR
Zip Code	97498
Phone Number	[redacted]
Relationship	Friends
Years Known	10
Reference 2	
First Name	Kathy
Last Name	Torrence
Address	*Field not completed.*
City	Yachats
State	OR
Zip Code	97498
Phone Number	[redacted]
Relationship	Friend
Years Known	5

Emergency Information

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

Name	Susan Oppenheimer
Phone Number	[redacted]
Relationship	Spouse
Name	Caitlin Roberts
Phone Number	[redacted]
Relationship	Daughter

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Signature	Stephen Oppenheimer
Date	6/7/2024

From: noreply@civicplus.com
To: City Hall; Kimmie Jackson
Subject: Online Form Submission #285 for City of Yachats Volunteer Agreement
Date: Saturday, June 8, 2024 10:10:39 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	Steve
Last Name	Oppenheimer
Address	106 NW Oregon street
City	Yachats
State	OR
Zip Code	97498
Daytime Phone	5415203629
Evening Phone	*Field not completed.*
Email	Sroinwonderland@yahoo.com

(Section Break)

Volunteer Activity	
Please describe the type of volunteer work	Emergency Preparedness 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	FEMA trained. Was on medical emergency preparedness committee
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	Gerry and Nancy
Last Name	Brown
Address	California street
City	Yachats
State	OR
Zip Code	97498
Phone Number	+1 (503) 805-8944
Relationship	Friends
Years Known	10
Reference 2	
First Name	Kathy
Last Name	Torrence
Address	*Field not completed.*

City	Yachats
State	OR
Zip Code	97498
Phone Number	+1 (541) 999-1870
Relationship	Friend
Years Known	5

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

Name	Susan Oppenheimer
Phone Number	+15415203748
Relationship	Spouse
Name	Caitlin Roberts
Phone Number	5415203746
Relationship	Daughter

I understand and agree to the following:

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Signature	Stephen Oppenheimer
Date	6/7/2024

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