



CITY OF YACHATS Volunteer Agreement and Signature

City of Yachats, PO Box 345, (441 Hwy 101N), Yachats OR 97498
541-547-3565 office 541-547-3063 fax www.yachatsoregon.org

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.

Name	Nancy Bolton-Rawles	Daytime Phone	541-992-0454
Address	470 Overlook Dr POB 1113	Evening Phone	"
City/Zip	Yachats 97498	Email	nbr@nancybolton.com

VOLUNTEER ACTIVITY

Please describe the type of volunteer work you are interested in performing, or activity/event you wish to volunteer for.

Library Commission

Friends of the Library

Please list the date(s) or range of dates for which you would like to volunteer ("Any time" can be a stated date range).

any time, time permitting

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.

Name	Address	Phone Number	Relationship/Years Known
Shelly Shrock	Yachats 121 Greenhill Dr	541 547-3887	friend 15 yrs
Teri Gonzales	North Plamson 30880 NW Brookings	541-261-9539	" 8 yrs

EMERGENCY INFORMATION

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

Name	Phone Number	Relationship
Bruce Rawles	541-973-3512	Husband

(Please be sure to fill out the page on the back)

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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 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: Nancy Bolton Rawley

Date: June 13, 2017

STATEMENT OF INTEREST OR RELATED EXPERIENCE

(Please provide a short narrative about why you chose to apply for this particular committee or commission).

I have lived in Yachats for 6 months. When we moved here I hoped I'd have an opportunity to be a part of this community in a positive way. I worked 3 years with the ^{Douglas County Libraries} web development team in Castle Rock, Colorado – and observed on a daily basis the integral part the library plays in the community. I feel personally the library is a very important part of the community. I would appreciate the opportunity to participate and contribute to our Yachats community. Thank you!

REQUIRED FOR ALL MINORS:

PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I, _____ as parent or legal guardian, hereby grant permission for _____ 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 below hereby represents that I have read, understand, and consent to this agreement.

Signature: _____

Date: _____

