



## CITY OF YACHATS Volunteer Registration Form

City of Yachats, PO Box 345, (441 Hwy 101N), Yachats OR 97498  
541-547-3565 office 541-547-3063 fax [www.yachatsoregon.org](http://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	MICHAEL HEMPEN	Daytime Phone	541-547-5471
Address	580 PO Box 548	Evening Phone	SAME
City/Zip	580 EVERGREEN YACHATS OR 97498	Email	MLHEMPEN1@YAHOO.COM

### VOLUNTEER ACTIVITY

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

PARKS & COMMUNITY

Please list the date(s) or range of dates for which you would like to volunteer.

THERE'S NO ~~IMMEDIATE~~ IMMEDIATE END DATE

### 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
DEAN SHROCK		541-547-3887	FRIEND
LAURALEE SUNDEN GAARD		541-547-3640	FRIEND

### EMERGENCY INFORMATION

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

Name	Phone Number	Relationship
DEBBIE HEMPEN	541-547-5471	WIFE

# Volunteer Agreement and Signature

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: Michael Hergen Date: 1-25-17

## 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: \_\_\_\_\_

