

City Council Action Item Cover Sheet

DATE: February 6, 2019

Agenda Item:

Resolution 2019-57

Membership for Loren Dickinson for Planning Commission; and Craig Berdie
for Parks & Commons Commission

Question Before Council:

To approve Resolution 2019-57

Person/Group Initiating Request:

Planning Commission & Parks & Commons Commission

Item Summary/Background:

Application for Loren Dickinson and Craig Berdie

CITY OF YACHATS
RESOLUTION NO. 2019-57

WHEREAS, The Planning Commission and Parks & Commons Commission made recommendations to the City Council concerning the appointment of members to serve on the Committee, and

WHEREAS, The City Council discussed the recommendation at the February 6, 2019 meeting;

NOW THEREFORE, the City of Yachats resolves that the following appointments are made:

- Planning Commission –
 - Loren Dickinson appointed to Seat A
- Parks & Commons Commission
 - Craig Berdie appointed to Seat C

Passed and adopted February 6, 2019. This Resolution is effective upon adoption.

Attest:

W John Moore, Mayor

Shannon Beaucaire, City Manager



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	Loren Dickinson	Daytime Phone	541-547-4559
Address	333 Jennifer Dr.	Evening Phone	541-773-3701 (cell)
City/Zip	Yachats, OR 97498	Email	lorendickinson@gmail.com

VOLUNTEER ACTIVITY

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

Planning Commission

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

N/A

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
Christine Orchard	300 Jennifer Dr. Yachats	541-547-5474	Friend 10 yrs +
Craig Berdick	319 3rd St. Yachats	612-597-5246	" 4 yrs +

EMERGENCY INFORMATION

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

Name	Phone Number	Relationship
Sherry Dickinson	541-222-9888	Spouse

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

Volunteer Agreement and Signature – Page 2

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: _____

Date: 12/20/2018

STATEMENT OF INTEREST OR RELATED EXPERIENCE

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

Practicing architect - 1968 to current. Owned
architectural practice from 1972 to 2009 (retired,
but maintaining registrations. During that period,
interacted with municipal boards and planning
commissions in multiple states.

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: _____



CITY OF YACHATS Volunteer Agreement and Signature



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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	Craig Berdie	Daytime Phone	612.597.5246
Address	P.O. Box 1047 (319 E. 3 rd St.)	Evening Phone	612.597.5246
City/Zip	Yachats, OR 97498	Email	cberdie@gmail.com

VOLUNTEER ACTIVITY

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

Parks and Commons Commision

Please list the date(s) or range of dates for which you would like to volunteer ("Any time" can be a stated date range).
1/1/2019 – 12/31/2020

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
Loren Dickenson	333 Jennifer Drive	541.743.3701	3 years
Shelly Shrock	121 Greenhill Drive	541.272.0055	3 years

EMERGENCY INFORMATION

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

Name	Phone Number	Relationship
Sharon Christensen	651-983-4995	Wife
Ian Berdie	503-8106207	Son

7/1/2017

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Volunteer Agreement and Signature – Page 2

I understand and agree to the following:

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- 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: _____

Date: _____

STATEMENT OF INTEREST OR RELATED EXPERIENCE

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

I am applying for Parks and Commons Commission. I am passionate about the wonderful trails and parks in Yachats.

I am a dedicated volunteer with the trails crew and lead docent at Gerdemann Garden where I assist with

plant care, pruning and trail maintenance. I believe my knowledge of city government and processes will

be an asset in providing insight into decisions regarding the Commons. My problem solving and group

processes skills will help me synthesize the many voices providing input into Commons policy.

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: _____

7/1/2017

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