

**PORT OF BROOKINGS HARBOR  
RESOLUTION NO. 2026-09**

**A RESOLUTION OF THE PORT OF BROOKINGS HARBOR  
ADOPTING A VOLUNTEER APPLICATION**

**WHEREAS**, the Port of Brookings Harbor is a port district, organized and operated under the provisions of ORS Chapter 777, and has the authority to adopt resolutions; and

**WHEREAS**, the Port of Brookings Harbor desires to establish a formal procedure for allowing members of the public to volunteer their time and services to the Port; and

**WHEREAS**, all individuals wishing to volunteer their services must complete and submit a volunteer application to the Port Office prior to performing any volunteer activity on Port property; and

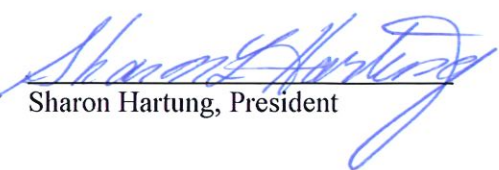
**WHEREAS**, all volunteer applications must be reviewed and approved by the Port Manager before any volunteer services begins; and

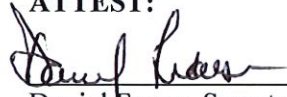
**WHEREAS**, all duties performed by volunteers must be assigned, directed and supervised by an authorized Port employee;

**NOW THEREFORE**, be it resolved by the Board of Commissioners of the Port of Brookings Harbor, Curry County, Oregon as follows:

1. The Port of Brookings Harbor hereby adopts procedures establishing a process by which members of the public may volunteer their time and services to the Port contingent upon approval by the Port Manager.
2. The attached document "**Volunteer Application**" attached hereto as **Exhibit A**, is hereby approved and incorporated into this Resolution by reference.
3. Any prior resolutions or portions of resolutions in conflict with this Resolution are hereby repealed.

**APPROVED AND ADOPTED** by the Board of Commissioners this 20 day of May 2026.

  
Sharon Hartung, President

**ATTEST:**  
  
Daniel Fraser, Secretary/Treasurer



# Port of Brookings Harbor

*This Institution is an Equal Opportunity Provider*

## Volunteer Application

### Volunteer Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Age: \_\_\_\_\_

Description of work to be done: \_\_\_\_\_

Materials required: \_\_\_\_\_

### Under Age Volunteer Information

IF VOLUNTEER IS UNDER AGE 18:

To be filled out by Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

I affirm that I am the parent/guardian of the above-named volunteer. I understand that the Port of Brookings Harbor does not provide any compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Port employee.

I have read the attached description of the service that the volunteer will perform.

I give my permission for \_\_\_\_\_ to participate in the specified volunteer activity at the Port of Brookings Harbor on \_\_\_\_\_  
*(Date) (Parent/Guardian Signature) (Date)*



# *Port of Brookings Harbor*

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## **Emergency Contact**

*Please provide someone to contact in case of an emergency.*

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

## **Volunteer Agreement / Disclaimer**

I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Port employees. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the Port or I may cancel this agreement at any time by notifying the other party.

I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties.

I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the job description, will become the property of the Port, and as such, will be in the public domain and not subject to copyright laws.

I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statement I have checked below is true:

I know of no medical condition or physical limitation that may adversely affect my ability to provide this service.

I do know of a medical condition or physical limitation that may adversely affect my ability to provide this service and have explained it to Port Staff.

I do give permission for my photograph, name, video image or work to be published on the Port website, Port meetings, community events or used in television broadcast if a newspaper or camera crew wishes to report on a Port activity.

I do NOT give permission for my photograph, name, video image or work to be published on the Port website, Port meetings, community events or used in television broadcast if a newspaper or camera crew wishes to report on a Port activity.

Disclaimer: I agree to protect and hold harmless the Port of Brookings Harbor, and any and all business or property owners located at the Port of Brookings Harbor, their successors, representatives and assigns, for any injuries, accidents, or losses suffered while participating as a volunteer.

I do hereby volunteer my services as described above, to assist in Port-authorized work. I agree to follow all applicable safety guidelines & Port Ordinances.

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Date*

## **Port Approval (To be completed by Port official)**

This Volunteer Application has been reviewed by Port management. The Port of Brookings Harbor agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above.

Approved by: \_\_\_\_\_

*Port Representative*

\_\_\_\_\_

*Date*