



AGENDA
Nominating Committee Meeting
 October 17, 2020, 9am

Jefferson Community Center, Eureka (limited capacity due to COVID restrictions)
 or attend via Zoom. Capacity to meet is limited, if you plan to attend in person please contact
emilywalter@northcoast.coop, or (822-5947 x 236) in advance.

Join Zoom Meeting

<https://us02web.zoom.us/j/82833302069?pwd=SWgxVzFWYW52MW9qUVBGQmpuYTZtZz09>

Meeting ID: 828 3330 2069

Passcode: 463433

One tap mobile +16699006833,,82833302069#,,,,,0#,,463433#

Dial by your location +1 669 900 6833

	What	How	Who	Minutes	Time
1	Welcome & Review	- Introductions - Check for changes to the agenda	Kirsten	5	9:00-9:05
2	Approve Minutes	- Ask for consensus on approval of the August 20, 2020 minutes	Kirsten	5	9:05-9:10
3	Board Orientation	- Discuss board orientation and next steps to prepare for it.	Kirsten	10	9:10-9:20
4	Board Elections	- Review ballot counting process - Count ballots for general election	Kirsten	~3 hrs	9:20-12:20
5	Agreements	- Review consensus and decision items, including any recommendations to the board - Agreement on next NC meeting date (12/17?)	Kirsten	5	12:20-12:25
6	Next Agenda Items	- Review potential agenda items for next meeting - <i>Board Orientation Continued</i> - <i>Review online voting process</i> - <i>Plan for a board/ staff retreat</i>	Kirsten	5	12:25-12:30

- Anyone attending this meeting must pass a COVID-19 screening questionnaire.
- Those in attendance must wear a properly fitted mask at all times.
 - o Attendees must exit the room to drink water, eat, or do anything that requires the removal of their mask.
 - o We ask attendees refrain from touching their mask during the meeting.
- Hand sanitizer will be available upon entry and during the meeting.

- The Nominating Committee will refuse the entrance of, or remove any persons due to:
 - o limited capacity
 - o if they do not pass the COVID-19 screening
 - o if they do not properly wear a mask

COVID-19 SCREENING

1. Do you have any of these symptoms that are not caused by another condition?
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - Recent loss of taste or smell
 - Sore throat
 - Congestion
 - Nausea or vomiting
 - Diarrhea
2. Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms? Contact is being 6 feet (2 meters) or closer.
3. Have you had a positive COVID-19 test for active virus in the past 10 days?
4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?