

# League of Oregon Cities

## JOB DESCRIPTION

Position Title: **Project Coordinator I - Affiliates** Date: September 2021  
Department: Member and Administrative Services  
Accountable to: Operations & Member Engagement  
Director  
Supervision Exercised: None  
Classification Status: Non-Exempt / Regular Full-Time

### **Primary Objectives of the Position**

Provides administrative support to the LOC Board of Directors and associated ad-hoc/standing committees. Serves as the primary staff liaison to assigned affiliate organizations including, but not limited to the Oregon Mayors Association (OMA)

### **Essential Duties/Example of Work:**

- Provides administrative support to assigned affiliate organizations, LOC board of directors and associated ad-hoc/standing committees; schedules meetings, prepares meeting packets, conducts research, presents recommendations, develops newsletter content, and performs other related administrative tasks.
- Plans and executes content for multiple affiliate conferences/events throughout the year; assists affiliate organization boards of directors in facilitating their annual strategic planning and budgeting processes, as assigned; provides on-going support to affiliate membership.
- Provides technical support by maintaining assigned websites/web pages and monitoring assigned listservs.
- Provides support to the LOC Board of Directors and its committees by publicly noticing meetings, taking and transcribing minutes, distributing information, and tracking ethics information.
- Maintains a variety of records in accordance with public records laws, internal process/policies, and other applicable requirements.
- Provides general customer service; responds to email and phone inquiries; assists in answering incoming phone calls, when needed.
- Maintains cooperative working relationships with staff, clients, other organizations, and the public.
- Follows all safety rules and rules for work areas.
- Demonstrates professionalism in communications, work habits, and attire; commitment to customer service and growth of the organization; a positive attitude; and regular office attendance.
- Performs other related duties as assigned.

## **Screening Criteria**

### **Education and Experience**

Associate degree

AND

Three years administrative or executive support experience .

OR

Any equivalent combination of education and experience which ensures the ability to perform the essential functions of the position.

### **Necessary Special Requirements**

- Possession of a valid driver license accepted in the state of Oregon and proof of acceptable driving record.
- Position may include some overnight travel and extended hours.

### **Knowledge, Skills, and Abilities**

- Working knowledge of city governments (particularly in Oregon), including governance structure, typical programs and services, and operational systems.
- Ability to communicate clearly, directly and proactively, both verbally and in writing.
- Skill in communicating with courtesy, tact, confidence, professionalism, and clarity, while employing sound judgment.
- Ability to provide courteous customer service and effectively work with elected and appointed officials, state agencies and other stakeholders and partners.
- Ability to identify and determine priorities amongst competing demands.
- Strong organizational skills, with a high level of attention to detail to ensure accuracy.
- Strong knowledge and skill in the use of Microsoft office programs, including advanced application of Word, Excel and PowerPoint.
- Ability to learn LOC's member database system.
- Ability to research and compile information using a variety of sources and develop appropriate reports as needed.
- Working knowledge of website maintenance tasks/functions (or the ability to learn quickly)
- Ability to demonstrate creativity and willingness to experiment with new ideas.

### **Desirable Experience and Training**

- Demonstrated skills in program management and service delivery.
- Knowledge of the structure and functions of state and local governments, particularly cities.
- Knowledge of software applications, website administration and desktop publishing.
- Knowledge of iMIS; LOC's member database system.

September 2021

# Physical Requirements/Work Conditions

## General Office Worker / Project Coordinator



### Frequency Definitions:

- (N) Never: Not required and not done on the job.
- (R) Rare: May be required on a very infrequent basis; less than 1% work shift; may occur 1 – 5 times/minutes per shift.
- (O) Occasional: Occurs between 1% – 33% of an 8-hour work shift; total of up to 2.5 hours per 8-hour shift.
- (F) Frequent: Occurs between 34% - 66% of an 8-hour work shift; total of between 2.6 hours to 5.0 hours per 8-hour shift.
- (C) Continuous: Occurs between 67% to 100% of an 8-hour shift; total of between 5.1 hours to 8.0 hours per 8-hour shift.

WORKING CONDITIONS						
Are there particular working conditions associated with this position which should be noted? Check or list below, indicating frequency for each condition (N, R, O, F, C – refer to Frequency Definitions above):						
N	R	O	F	C	Condition	Comments/Detail (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indoors	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoors	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended work hours	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel to multiple worksites	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low background noise	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate background noise	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High background noise	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fumes/odors	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dust	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varied/extreme temperatures	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramped workspace	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposure to hazardous materials	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal protective equip. required	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	

MATERIALS AND EQUIPMENT USED						
Are there particular materials and/or equipment used with this position which should be noted? Check or list below, indicating frequency for each condition (N, R, O, F, C – refer to Frequency Definitions above):						
N	R	O	F	C	Condition	Comments/Detail
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Computer	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mouse/Trackball	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ten Key/Calculator	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copier	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fax Machine	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E-mail	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Telephone	

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand Tools	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automobile (company <input checked="" type="checkbox"/> personal <input checked="" type="checkbox"/> )	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	

<b>PHYSICAL DEMANDS</b>						
Are there particular physical demands associated with this position? Check or list below, indicating frequency for each condition (N, R, O, F, C – refer to Frequency Definitions above):						
<b>N</b>	<b>R</b>	<b>O</b>	<b>F</b>	<b>C</b>	<b>Physical Demand</b>	<b>Description (if O, F, or C checked)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sitting	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Driving	Travel to/from training locations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting/Lowering (Max: 50 Avg. 25 lbs.) with assistive equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrying (Max: 20 Avg. 5 lbs.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushing (Max: 50 Avg. 25 lbs.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulling (Max: 50 Avg. 25 lbs.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing (Max height: 18")	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balancing	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stooping	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twisting	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crouching	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crawling	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching overhead	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching shoulder level	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handling	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pinching	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grasping	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wrist motion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hearing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seeing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Writing	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depth Perception	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Color Vision	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	