

League of Oregon Cities

JOB DESCRIPTION

Position Title: **Events Operations Coordinator** Date: June 2022
Department: Member & Administrative Services
Accountable to: Member Engagement Director
Supervision Exercised: 1 Employee
Classification Status: Regular Full-time / Grade 19

Primary Objectives of the Position

The Events Operations Coordinator is responsible for the development, execution, management, and review of the League's conferences, training programs, workshops, and member outreach programs including six to ten conferences each year; Elected Essentials programming; Small Cities programming; and training programs throughout the state of Oregon. The Events Operations Coordinator will work with the Member Engagement Director and Executive Director to determine appropriate programs that complement the League's available capabilities, or develop new capabilities, to support the LOC's overall mission and vision.

Essential Duties/Example of Work:

- Development, execution, and management of a comprehensive outreach program in the form of events, training and conferences which includes but is not limited to: organizing venues, contracts, materials, and schedules; working with venues on logistics, hotel reservations, AV needs and BEO's; assisting in building event program; assembling and managing internal and external conference planning committees; assembling and managing conference working group, identifying respective roles and responsibilities for each participant; determining project plan; creating timelines and long term goals; and, writing articles for LOC Bulletin and Local Focus Magazine to promote events.
- Develops evaluation methods to assess the strengths and weaknesses of LOC's conferences, training programs, and workshops.
- Develops budgets and operation plans for the League's conferences, training programs, workshops, and member outreach programs.
- Recommends, and develops partnerships with private industry, nonprofits, and other governmental entities that will allow the League's member outreach programs to perform more effectively and within budgetary constraints.
- Cooperates with other LOC staff to increase awareness of the LOC's member outreach programs and identify resources to fill member needs.
- Selects, schedules, supervises, trains, evaluates performance, and supports the professional growth of assigned staff. Guides assigned staff through corrective action and mentoring as 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 from an accredited educational institution.

AND

One to two years' experience managing events and providing customer service.

OR

Three to five years of equivalent combination of education, training, and/or work experience that would likely provide the knowledge skills, and abilities to successfully perform the essential functions of the position. 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.

Knowledge, Skills, and Abilities

- Working knowledge of all aspects of local government governance, leadership, management and operations.
- Excellent project management skills including; budgeting, attention to detail, and managing performance through delivery of work product from both internal and external stakeholders.
- Ability to direct complex service programs within an association structure.
- Ability to establish and maintain effective working relationships with a wide range of constituent groups, including co-workers, city officials, private industries, nonprofit organizations, and local government associations.
- Knowledge of Windows-based computer software.
- Ability to maintain a high level of organization and accountability in carrying out assigned duties.
- Ability to maintain accuracy and a high level of detail while effectively managing multiple projects and tasks.
- Ability to work independently to manage multiple projects and priorities.
- Demonstrated ability to respond to and prioritize new projects on a regular basis.
- Ability to communicate clearly, directly and proactively, both verbally and in writing.
- Ability to maintain confident, clear and professional communication with courtesy, tact and good judgment.
- Skilled in providing courteous customer service and effectively working with elected and appointed officials, state agencies and other stakeholders and partners.

- Demonstrated skills in negotiating, facilitating and recommending large contracts for venues and other services.
- Ability to plan, organize and administer specialized program areas; evaluate program direction and assess program impact; coordinate diverse program activities and recommend direction.
- Proficient skill in the use of computers and related software applications, internet, reporting applications and various databases.
- Solid knowledge and skill in Microsoft office programs, including advanced application of Word, Excel and PowerPoint.
- Demonstrated ability to develop creative solutions and willingness to experiment with new ideas.
- Ability to be flexible and open to changing priorities and managing multiple tasks simultaneously within compressed timeframes.

Desirable Experience and Training

- Working knowledge of iMIS, LOC's association management software, or ability to learn quickly.

Effective June 2022

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 | Usual Office working conditions |
| <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 type="checkbox"/> | <input checked="" 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) | |

| PHYSICAL DEMANDS | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| 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): | | | | | | |
| N | R | O | F | C | Physical Demand | Description (if O, F, or C checked) |
| <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) | |

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