

League of Oregon Cities

JOB DESCRIPTION

Position Title: **Administrative Assistant/Receptionist** Date: May 2022
Department: Member and Administrative Services
Accountable to: Member Engagement Director
Supervision Exercised: None
Classification Status: Non-Exempt / Regular Full-time / Grade 10

Primary Objectives of the Position

This position provides primary administrative support to LOC and its affiliate organizations. Serves as primary receptionist for the organization. Performs various administrative tasks to assist with coordination of programs, events, information, correspondence, schedules, and data.

Essential Functions of the Position

- Serves as primary receptionist for LOC. Answers, screens and routes incoming calls and general voicemail messages; greets visitors; responds to routine inquiries with excellent customer service.
- Collects and processes incoming and outgoing mail, including processing large mailings.
- Performs basic bookkeeping tasks including entering accounts payable information, processing bank deposits, and receiving and processing payments received for membership dues and registrations fees.
- Maintains keys to vehicles(s) and storage rooms; ensures security.
- Assists in facilitating LOC meetings/events by producing registration lists, making lodging and travel arrangements, conducting on-site registration, coordinating meeting room equipment needs, and troubleshooting operational issues/details as they arise.
- Provides support to meeting/program attendees including answering questions, sending reminders, providing location map/information, addressing cancellations, and answering billing questions. Attends meetings/events and provides on-site support, as assigned.
- Provides meeting assistance including reserving rooms, equipment, etc.; ordering catering and preparing coffee service; and organizing conference calls and setting up conference phone equipment.
- Assists in the development and provision of meeting materials. Develops and distributes correspondence and marketing materials.
- Maintains and updates database information including performing data entry, reviewing data for accuracy, formatting data, printing lists and labels, and performing general data queries.
- Maintains inventory of office and kitchen supplies.
- Responsible for office equipment (copiers, printers) including working with vendors, maintaining supplies and troubleshooting.
- Maintains cooperative working relationships with staff, members, 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

High School Diploma or equivalent

AND

One year of general office experience, including receptionist 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.

Knowledge, Skills, and Abilities

- Knowledge of general office practices and procedures
- Ability to communicate effectively in oral and written form using correct grammar and spelling
- Work effectively and professionally with the public, coworkers, and elected officials in a friendly, courteous and cooperative manner
- Ability to work independently to complete assigned tasks.
- Ability to exercise initiative and judgment in completing tasks and responsibilities while maintaining flexibility to adapt to changing priorities and manage multiple tasks simultaneously within compressed timeframes
- Intermediate level computer skills, including knowledge of and ability to use Microsoft Office programs including Office, Word, Excel, and PowerPoint
- Highly organized and accountable with an ability to understand and carry out oral and written instructions and procedures
- Ability to demonstrate creativity and willingness to experiment with new ideas
- Skilled in the operation of office machinery including computer, copy machine and postage meter
- Ability to type accurately with a speed of not less than 50 w.p.m.
- Ability to work occasional extended hours

January 2016, September 2019, September 2021, May 2022

Physical Requirements/Work Conditions

General Office Worker



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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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)	
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving	
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crouching	
<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depth Perception	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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)	