



ASHTABULA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

2505 South Ridge Road East

Ashtabula, Ohio 44004-4493

Board Office

Toni Scurpa, Superintendent
Phone: (440) 224 - 2155
Fax: (440) 224 - 0678

Service and Support Administration

Heather Purdue, Director
Phone: (440) 335 - 1548
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Early Intervention

Amanda Clugh, Director
Phone: (440) 335 - 1535
Phone: (440) 992 - 2111
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Investigative Services

Pamela Rose, Director
Phone: (440) 335 - 1589

Cheryl Marshall, Investigator
Phone: (440) 335 - 1588
Fax: (440) 224 - 3696

DATE POSTED:

October 16, 2020

ANTICIPATED START DATE:

December 1, 2020

NOTICE OF POSITION OPENING

POSITION:

COMMUNITY OUTREACH EDUCATION SPECIALIST

LOCATION:

Ashtabula County Board of DD
2505 South Ridge Road East
Kingsville, Ohio

DUTIES & RESPONSIBILITIES:

Promoting and supporting the establishment and expansion of a referral network that links Ashtabula County families to services.

MINIMUM QUALIFICATIONS:

Bachelor's degree in communications, public relations or related field or five years of equivalent professional experience preferred. Valid driver's license with good driving record and reliable transportation. All applicants recommended for hire must complete a medical evaluation and a drug screen prior to employment.

REQUIREMENT FOR SAFETY SENSITIVE POSITION:

Criminal background check/medical examination/drug screening

SALARY:

Commensurate with education and experience.

APPLICATION PROCEDURE:

Obtain an application online at www.ashtabuladd.org and return to the Board Office at:

Ashtabula County Board of DD
2505 South Ridge Road East
Ashtabula, Ohio 44004

APPLICATION DEADLINE:

October 30, 2020 or until filled

TITLE OF POSITION	COMMUNITY OUTREACH EDUCATION SPECIALIST
UNIT OR OFFICE	ADMINISTRATION
COUNTY OF EMPLOYMENT	ASHTABULA
TITLE OF IMMEDIATE SUPERVISOR	SUPERINTENDENT
NORMAL WORKING HOURS	8:00 A.M. – 4:00 P.M. Monday – Friday (Hours and days may vary)
PURPOSE OF POSITION	Promoting and supporting the establishment and expansion of a referral network that links Ashtabula County families to services

JOB DESCRIPTION

- Responsible for advocacy, community employment, and education programs that support community inclusion of people served.
- Cultivate and sustain a high degree of cross-functional relationships with internal and external partners
- Responsible for implementing and overseeing the successful coordination of the agency's community outreach, partnerships, and initiatives.
- Lead internal and external community engagement by building relationships and coordinating activities to engage the community, stakeholders, and families.
- Responsible for coordinating and attending local community events and ensure ACBDD representation.
- Responsible for tracking community outreach and determining return on investment (ROI).
- Coordinate all Community Engagement activities including but not limited to marketing, promotion, webpage and social media activities.
- Develop long-range strategic and marketing plans for the department.
- Develop and maintain proper budgeting, fiscal and personal resources, report preparation and management within assigned area.
- Review and respond to public record requests.
- Become embedded in the local community, serving as a "customer service" representative for the organization, providing an open feedback loop with the public and staff thus striving to improve programs, services and resources that the organization provides to the community as part of implementing its mission.
- Develop, coordinate and produce regular presentations to various groups regarding the activities and services of ACBDD. Provide instruction and training to community agencies to provide awareness and education.
- Assumes responsibility for the final outcome and success of the department and its contribution to ACBDD.
- Develop strategies to obtain new business contacts and maintain current relationships.
- Prepare and distribute all printed and electronic materials promoting ACBDD and the individuals served.
- Design and distribute surveys through various methods to analyze and evaluate public relations, services, needs, and planning. Facilitate access to Constant Contact, Survey Monkey, etc. to facilitate feedback for annual surveys of staff, individuals, and partnering agencies.
- Establish positive rapport with various public/private agencies as well as enrollees and families.
- Define, measure, analyze, improve and control processes and overall effectiveness.
- Interpret a variety of instruction in written, verbal, and picture form; complete routine forms; prepare accurate documentation; compile and prepare maintain records according to established procedures.
- Handle inquiries from and vendors and co-workers.
- Calculate statistics, guide or instruct others; gathers, collage, and classify information.

MINIMUM ACCEPTABLE CHARACTERISTICS

- Bachelor's Degree in communications, public relations or related field or five (5) years of equivalent professional experience Preferred.
- Minimum of three (3) years' experience in print or broadcast media, public relations and/or event planning.
- Critical thinking skills to think strategically, analytically and operationally about the impact of initiatives on agency.
- Working knowledge of ORC, OAC, and ACBDD policies and procedures.
- Working knowledge of rules of Ohio Department of DD required.
- Demonstrates regular and predictable attendance.
- Promotes positive culture in all areas of responsibility, including but not limited to the individuals served by the county board and their families, Board members, staff members, providers, and community partners.
- Ability to establish and maintain positive professional relationships; principles, practices, and techniques relating to social work; local, state, and federal laws, rules, and regulations; government structure and process; agency goals and objectives; agency policies and procedures.
- Resolve complaints; exercise independent judgment and discretion.
- Understanding of the importance of confidentiality.
- Word processing, computer operation, and use of modern office equipment.
- Must possess a State of Ohio Driver's License and acceptable driving record as stipulated by the Board's insurance carrier.
- Possess excellent verbal and written communication skills.
- BCI background clearance.
- Current and valid CPR/First Aid certification.
- Must be able to work independently and as part of a team process.
- Ability to sit, stand, reach, push/pull and bend.
- Ability to lift 25 pounds.

Signature of Employee and Date:

I have read and understand this position description and to the best of my knowledge I believe I can perform these duties.

Signature of Agency Representative and Date:



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DEVELOPMENTAL DISABILITIES**
2505 South Ridge Road East
Ashtabula, Ohio 44004
440.335.1587
www.ashtabuladd.org

Office Use Only

Date Received _____
Letter Sent _____
Interview Date _____
Application Log _____
C: _____

General Application

DATE: _____

LEGAL NAME:

Last First Middle

ADDRESS:

Number and Street City State Zip Code

Mailing Address: _____
If same please leave blank

How long have you lived at this address? _____

Email Address: _____

Phone: _____ Alternate Phone: _____

Communication preference: ☐ mail OR ☐ email

Previous Addresses:

Number and Street City County State Zip Code How long?

Number and Street City County State Zip Code How long?

Position(s) Applied For:

- ☐ Service Support Administrator
- ☐ Custodial/Maintenance
- ☐ Clerical
-
- ☐ Early Intervention Developmental Specialist/Service Coordinator

If applying for a Posted Position please list which position. _____

Salary expected: _____ Date available for employment_____

Have you been employed under Civil Services? ☐ Yes ☐ No If so, what classification_____

EDUCATION: HIGH SCHOOL, COLLEGE AND OTHER EDUCATIONAL EXPERIENCES

<u>School</u>	<u>Location (Mailing address)</u>	<u>Diploma/Degree</u>

OTHER REGISTRATIONS/CERTIFICATIONS/LICENSES HELD:

<u>Type and Issuing Agency/State</u>

EMPLOYMENT HISTORY: (Begin with present or last position)

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Reason for leaving: _____

May we contact your present employer? ☐ Yes ☐ No

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Reason for leaving: _____

EMPLOYMENT HISTORY CONTINUED:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Reason for leaving: _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____

From: _____ To: _____

Duties: _____

Reason for leaving: _____

REFERENCES: *(Include at least THREE individuals who have knowledge of your work performance)*

<u>Name/Title</u>	<u>Address & Phone No.</u>	<u>Occupation</u>

The time you have given in preparing this application to the Ashtabula County Board of Developmental Disabilities is sincerely appreciated. We shall try to reciprocate by giving your application prompt consideration.

Upon receipt of your application your references and/or credentials will be requested from the sources you have indicated. Applicants shall be screened on the basis of their application and references. Personal interviews shall then be scheduled with selected applicants.

*Applications will not be accepted if this affirmation is omitted.

I affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief.

Signature of Applicant_____

Date_____

APPLICANT DATA RECORD

This form will be kept completely separate from any application and is not a part of the application you submit. It is for purposes of required Equal Opportunity reports only.

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status or disability.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate and unidentifiable as a part of your Application for Employment.

PLEASE PRINT

Date_____

Position(s) Applied For_____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative
 ☐ Employment Agency ☐ Walk-In ☐ Other

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

CHECK ONE: ☐ Male ☐ Female

CHECK ONE OF THE FOLLOWING:

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic

☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

☐ Vietnam Era Veteran ☐ Disabled Individual