Rev.**02/2014**

**UNITED CEREBRAL PALSY ASSOCIATION OF MIAMI, INC.**

**EMPLOYEE JOB DESCRIPTION**

**NAME**: **DEPARTMENT**: HIALEAH CENTRAL

**POSITION**: COMMUNITY RELATIONS COORDINATOR –BROWARD **DATE EMPLOYED**: \_ \_\_\_\_\_\_\_\_\_\_\_\_

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| **Specific Duties & Responsibilities** |
| 1. Responsible for management of Broward County Raising More Money campaign.
 |
| 1. Coordinates Annual Dwight Stephenson/NDC Charity Golf Classic.
 |
| 1. Responsible for cultivating relationships and stewardship of relationships with Miami/Broward/Palm Beach English language media.
 |
| 1. Responsible for cultivating relationships with business and community groups, clubs and organizations in Broward & Palm Beach County.
 |
| 1. Responsible for cultivating and managing relationships with Broward & Palm Beach County corporations.
 |
| 1. Responsible for researching grant opportunities and preparing grant proposals for UCP of Broward & Palm Beach County programs.
 |
| 1. Coordinates all other Broward County fund raising and public relations campaigns and events.
 |
| 1. Assists with other campaigns and events as assigned.
 |
| 1. Coordinate Annual Great Chef’s Tasting Party.
 |
| 1. Responsible for cultivating relationships and stewardship of donors in Palm Beach.
 |
| 1. Responsible for cultivating relationships with businesses and community groups in Palm Beach County
 |
| 1. Coordinates all other Palm Beach County fundraising and public relations campaigns in Palm Beach County.
 |
| 1. Performs other duties as assigned.
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 **Rev. 12/2011, Rev. 05/12, Rev. 07/13**

**SPECIFIC DUTIES & RESPONSIBILITIES**

Job Title: COMMUNITY RELATIONS COORDINATOR –BROWARD

Supervisor: DIRECTOR OF DEVELOPMENT

Dept/Div.: Div. 201 - DEVELOPMENT

PROFESSIONAL SALARIED NON-EXEMPT

8/27/09 version: Effective 10/1/09

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| **Computer Related Duties and Responsibilities ---Self Assessment****The purpose of this section is to act as a reminder of UCP’s policies that will maximize effectiveness and efficiency of employee’s computer and UCP’s network. Following these guidelines will protect the valuable information in our computers and save time and resources for you and the IT department. Identify items that need to be a Goal(s) and indicate if you need training.** |
| 1. Archive emails over 3 months old or transfers to H drive personal file
 |
| 1. Empty deleted email folder weekly
 |
| 1. Protect system by not opening unsolicited emails or downloading freeware or listening to or downloading streaming video
 |
| 1. Save emails to H drive personal user file in organized manner
 |
| 1. Protect confidential and important information by saving to H drive personal user file and not C drive
 |
| 1. Purge files in H drive personal user file and emails periodically to save space
 |
| 1. Use scan feature and printing to copy machine if available
 |
| 1. Internet use—plan sessions to be as efficient as possible and closes site when leaving the computer
 |
| 1. Restrict internet usage to visiting sites that are related to official work and or work related professional interests; doesn’t use internet for personal business, use streaming banners, listen to iTunes, Limewire, or other music and file sharing websites; access Youtube, Face Book or My Space, play games
 |
| 1. Close internet sessions immediately after uses of them
 |
| 1. Pay attention to all security related messages that pop up
 |
| 1. Use [Goodsearch.com](http://www.goodsearch.com) as preferred home page but other search engines maybe used
 |
| 1. Accept updates from Adobe and Microsoft as they prompted
 |
| 1. Keep computer equipment clean and protected from damage
 |
| 1. Do not download or install any type of software without prior authorization from the IT Department. This includes desk top screen savers.
 |
| 1. If you suspect you have a virus or malware, turn off your computer and notify the IT Department immediately.
 |
| 1. Do not share or leave passwords that can be easily found by others and lock work station
 |
| 1. Do not disconnect or move your computer without prior authorization from the IT Department.
 |
| 1. Lock workstation (Alt-Control-Delete) when you step away from your computer to prevent unauthorized access
 |
| 1. Use standardized email signature format for emails (name, title, corporation name, program name or department (optional) address, phone number, fax number, confidentiality statement); don’t use personalized backgrounds, pictures, quotes etc.
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**SPECIFIC DUTIES & RESPONSIBILITIES**

Job Title: COMMUNITY RELATIONS COORDINATOR –BROWARD

Supervisor: DIRECTOR OF DEVELOPMENT

Dept/Div.: Div. 201 - DEVELOPMENT

PROFESSIONAL SALARIED NON-EXEMPT

**QUALIFICATIONS**: (Education/Experience/Licenses/Personal Characteristics)

**COMMUNITY RELATIONS COORDINATOR – BROWARD**

**(POSITION)**

1. Bachelor’s degree or equivalent training and experience.
2. Able to plan and coordinate fund raising events and campaigns independently.
3. Able to develop and market event sponsorship proposals.
4. Able to make effective sales presentations to potential sponsors and supporters (individual and group).
5. Previous development experience preferred.
6. Excellent written and oral communication skills.
7. Excellent organizational skills.
8. Ability to work with all types of people.
9. Ability to multi task and work well under pressure.
10. Willing to travel throughout South Florida and work evenings and weekends as necessary.
11. Flexibility
12. Meets Agency for Person with Disabilities background requirements

**JOB DESCRIPTION COMMITMENT:**

1. I have read and am fully aware of all the responsibilities indicated in this position description, and I acknowledge the fact that I will be held accountable for insuring that all duties are carried out as deemed appropriate. The job description reflects the general details considered necessary to describe the principal functions of the job. It should not be construed as a complete description of all the work requirements that may be inherent to the job.
2. As an employee of United Cerebral Palsy, I understand that I am required to report to work (before, during and after) a period of civil unrest or natural disaster in accordance with the agency emergency procedures.
3. As an employee of United Cerebral Palsy, I am aware of and committed to a Drug Free Workplace.
4. As an employee of United Cerebral Palsy, I am aware of the reasonable risk of exposure and of the probability of exposure to bloodborne pathogens relative to my specific job duties. I have been trained on the use, purpose and location of personal protective equipment (PPE) and may use additional PPE as I wish.
5. As an employee of United Cerebral Palsy, I understand I am required to comply with all safety and health related policies.

**SIGNATURES:** **Sign and Date at review meeting.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Date Supervisor Date

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 Director Date President/CEO Date