

3109 Old Hwy 218 South lowa City, IA 52246 PHONE 319-337-2145 WEB www.bbbsjc.org

April 2013

JILL KROMMINGA Program Director jill@bbbsjc.org

Dear Applicant,

Thank you for your interest in the Program Specialist position with Big Brothers Big Sisters of Johnson County. Enclosed, please find the job description and the application for the position. Please return a cover letter and a completed application form to our office by 5:00 PM on Thursday, April 18th, 2013.

If you have any questions, please call 319-337-2145 and ask for me, Jill Kromminga.

Again, thank you for your interest. We look forward to hearing from you.

Sincerely,

Jill Kromminga BBBS Program Director



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> JILL KROMMINGA Program Director jill@bbbsjc.org

Job Description, Program Specialist for Big Brothers Big Sisters

Big Brothers Big Sisters of Johnson County is a youth mentoring program. We are part of Johnson County Extension and are a United Way agency. There are two types of programs within Big Brothers Big Sisters: school-based mentoring and community-based mentoring.

Program Specialists work primarily with the community-based mentoring program. This program matches adult volunteers with youth in one-to-one relationships with the goal of forming a long-term friendship. Program Specialists are required to work a flexible schedule that must include some weeknight (after 5 PM) hours and may include some weekend hours.

Responsibilities

- Screen, orient and interview prospective adult volunteers
- Orient and interview prospective children and guardians
- Coordinate the matching of volunteers and children
- Supervise and support ongoing relationships between volunteers, children and their families
- Maintain documentation of all required steps in the matching process including volunteer references, interview documentation and data entry
- Communicate regularly and work closely with other community-based program staff and Program Director
- · Participate in necessary training to learn and update skills
- Perform additional duties as assigned by the Community-Based Program Supervisor and Program Director

Required Qualifications

- Graduation from an accredited four-year college
- A high degree of skill with in-person and telephone-based communication
- Solid written communication skills
- Ability to work cooperatively but also independently
- Must be available to work some weeknight hours. Schedule may include some weekend hours. (Specific schedule will be set with Community Based Program Supervisor at time of hire.)
- experience with diverse populations
- Basic computer skills

Helpful Qualification

Fluent Spanish speaker

Salary

This is an hourly position of 20-25 hours/week at \$14/hour. We offer paid vacation and sick leave as well as pro-rated health insurance coverage. Retirement benefits are provided through the lowa Public Employees' Retirement Program (IPERS).

Filing deadline:

Thursday, April 18th at 5:00 PM.

APPLICATION FOR EMPLOYMENT



A youth program of Iowa State University Extension

Return to: Big Brothers Big Sisters

4-H Fairgrounds

3109 Old Highway 218 South

lowa City, Iowa 52246

(319) 337-2145

Deadline: Must be received by 5:00 PM

Thursday, April 18th

APPLICATION MUST BE FILLED OUT	COMPLETELY BEFORE TH	E INTERVIEW PROCESS WILL	PROCEED.

Full Name			
Last	First	Middle	Maiden Name
Address			
Street	City	State	Zip
Telephone (day) ()	(eve) ()_	
E-Mail Address			
Date Available for En	nployment		
Are you a citizen of t	he USA?	_	
If not, do you have a	legal right to work in t	he USA?	

HIGH SCHOOL ATTENDED

Name and Location of School	From	То	Total Years Completed	Diploma Earned
	Mo. and Yr.	Mo. and Yr.	(Circle One)	(Circle One)
			9 10 11 12	Yes No

If you did not receive a high school diploma or do you hold a GED certificate? _____ yes _____ no

COLLEGE OR UNIVERSITIES ATTENDED

From	То	Total Months of Study	Field/Study	Degree Earned
Mo. and Yr.	Mo. and Yr.		Major and Minor	
Mo. and Yr	Mo. and Yr		Major and Minor	
	Mo. and Yr.	Mo. and Mo. and Yr. Yr.	Mo. and Mo. and Yr. Yr.	Mo. and Yr. Mo. and Yr. Major and Minor Major and Minor

Do you hold any special licenses, certifications, or registrations? If so, what are they?	

Employment History

Volunteer work experience will be evaluated in the same manner as paid employment and should be entered the same.

Enter most recent job first.

Employer	Your Job Title	Date Started	Date Left	Total Months
Employer's Address	Supervisor's Name	Starting Rate	Final Rate	xxxx
Hours per Week Employed	Reason for Leaving	May we Contact Your Employer?yesno	XXXX	xxxx

Description of Duties and Responsibilities). You may use the back of this sheet if needed.

Employer	Your Job Title	Date Started	Date Left	Total Months
Employer's Address	Supervisor's Name	Starting Rate	Final Rate	
	•			XXXX
Hours per Week Employed	Reason for Leaving	May we Contact Your		
		Employer?		
		yesno	XXXX	XXXX

Employer	Your Job Title	Date Started	Date Left	Total Mont
Employer's Address	Supervisor's Name	Starting Rate	Final Rate	xxxx
Hours per Week Employed	Reason for Leaving	May we Contact Your Employer?	VVVV	VVVV
cription of Duties and Responsi	bilities (in detail). You may us	e the back of this sheet if neede	ed.	XXXX
Employer	Your Job Title	Date Started	Date Left	Total Mon
1 0	_			
Employer's Address	Supervisor's Name	Starting Rate	Final Rate	xxxx
	Supervisor's Name Reason for Leaving	May we Contact Your Employer?		
Hours per Week Employed	Reason for Leaving	May we Contact Your Employer?yesno	XXXX	xxxx
Hours per Week Employed	Reason for Leaving	May we Contact Your Employer?yesno	XXXX	
Hours per Week Employed	Reason for Leaving	May we Contact Your Employer?yesno	XXXX	
Hours per Week Employed	Reason for Leaving	May we Contact Your Employer?yesno	XXXX	
Employer's Address Hours per Week Employed scription of Duties and Responsi	Reason for Leaving	May we Contact Your Employer?yesno	XXXX	
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Tours per Week Employed cription of Duties and Responsi	Reason for Leaving bilities (in detail). You may us	May we Contact Your Employer?	XXXX	
Hours per Week Employed	Reason for Leaving bilities (in detail). You may us	May we Contact Your Employer?	XXXX	

Please state why you would like this position.						
I certify that the information in this app misrepresentation or omission of inform County Extension. I authorize any refe concerning my previous records.	nation requested	on this form	is grounds for rej	jection of my applica	ation with Johnson	
Applicant's Signature				Date		

Employment-At-Will Statement

Employment with Johnson County Extension is on an "at-will" basis and is for no definite period of time and may, regardless of the date and method of payment of wages and salary, be terminated at any time with or without cause. Other than the Extension Council, no supervisor, manager, or other person, irrespective of title or position, has authority to alter the "at-will" status of your employment or to enter into an employment contract for a definite period of time with you.