

Partners in Policymaking®

-----An Initiative of the LA Developmental Disabilities Council-----

Application for Partners in Policymaking Coordinator

The Council is currently seeking a Partners in Policymaking Coordinator to provide full and complete coordination and oversight of the implementation of the Partners in Policymaking program in Louisiana.

As the Partners Coordinator, you are responsible for replicating a program that has been proven effective. The key to the model's success, however, is clear: in order for Partners graduates to be successful, the model must be fully implemented. The Partners in Policymaking Coordinator reports to the Families Helping Families at the Crossroads Executive Director and works directly with the Council's Executive Director or designee.

Essential Duties and Responsibilities

- Operate the program based on the recommendations in the Coordinator's Handbook to ensure all participants achieve all the competencies.
- Manage the program's financial resources responsibly.
- Provide regular, timely debriefings and full reports about the Partners program.
- Provide personal testimonials from Partners graduates about their experiences in the program.
- Encourage and assist Partners graduates to serve on policy boards and/or commissions.
- Collect Session Evaluations from participants and Speaker's Evaluations from speakers.
- Ensure the Initial, Six-Month, and Long-Term surveys by participants are completed and the data is compiled, and reported to the Council.
- Invite and welcome representatives from the Council to attend Partners sessions and graduation as guests.
- Add Partners graduates to listservs, social media, and other networks.

Qualifications, Skills, and Knowledge Requirements

- Flexible scheduling for overnight stays in Baton Rouge, LA
- Strong organizational, planning, leadership, writing and communication skills
- Proficiency in Microsoft Office (Word, Excel, PowerPoint, Outlook) and email
- Energetic, motivated self-starter and a team player
- Ability to lead and motivate a group of advocates
- Knowledge and/or experience in facilitating a program (facilitation skills)
- Knowledge and understanding of the Partners in Policymaking program

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Application

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Do you possess a valid Driver's License? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the Council? YES NO If yes, when? _____

What is your understanding of the Partners in Policymaking Program? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

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References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

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Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, human resources staff, and other authorized employees of the Council for the purpose of determining my eligibility and suitability for employment.

I certify that all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that the information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected.

I have read the statements above carefully before signing this application:

Print Name: _____

Signature: _____

Date: _____

Please remit this application ***with a cover letter and resume*** via one of the following:

Mail:

Families Helping Families at the Crossroads of LA
Attn: Jim Sprinkle, Executive Director
2840 Military Hwy., Suite A
Pineville, Louisiana 71360

Fax: 318-640-4299

Families Helping Families at the Crossroads of LA
Attn: Jim Sprinkle, Executive Director
Subject: Partners in Policymaking Coordinator Application

Email: fhfxroads@gmail.com

Subject: Partners in Policymaking Coordinator Application