

**Mental Health Association of Alameda County  
Family Education and Resource Center (FERC)**  
440 Grand Avenue, Suite 360, Oakland, CA 94610  
Phone: (510) 746-1700 | Fax: (510) 746-1701

**Administrative Assistant  
Full-Time, Benefitted  
Position Available: Open Until Filled**

**The Program**

The Family Education and Resource Center ('FERC') is a family/caregiver-centered program that provides information, education, advocacy and support services to family/caregivers of children, adolescents, transitional age youth, adults, and older adults with serious emotional disturbance or a mental health challenge living in all regions of Alameda County. These services are provided in a culturally competent manner, reaching out to people of various ethnicities and language groups.

The FERC is a component of Alameda County's Community Services & Support Plan, funded with Mental Health Services Act (MHSA) dollars and operated by the Mental Health Association of Alameda County (MHAAC) under contract with Alameda County Behavioral Health Care Services (ACBHCS). In addition to providing outreach, education and support to family/caregivers of people with mental illness, the FERC facilitates input and feedback to ACBHCS decision makers at all levels about the important roles family/caregivers play in supporting their loved ones and about the experiences and needs of family/caregivers. The FERC works closely with County and contract agencies to promote a family/caregiver perspective and toward the goal of creating a more family/caregiver and consumer driven system of care.

FERC programmatic components include: (1) a warm line; (2) education, training and support for family/caregivers; (3) a resource center; (4) assistance with AB-1424 (communicating with providers); (5) support for the development of family leadership; and (6) collaboration with other MHSA-funded programs.

FERC's main office is located in Oakland; satellite offices are located in San Leandro, Livermore and Fremont.

**Summary**

The Administrative Assistant will report directly to the Office Manager, providing support to the program and staff. Duties include: maintaining the FERC main office flow, welcoming clients, assisting with answering the main office line, preparing materials for outreach events, receiving deliveries/mail, organizing the supply room, assisting with inventory and providing technical support to clients who use our courtesy computer.

The Administrative Assistant should be able to interact comfortably with people who have a mental health issue and with their families, be able to multitask with interruptions, and be able to work courteously with people from diverse cultures. The successful candidate will be organized; detail oriented, adaptable to changing schedules and organizational needs, and be open to learning new skills.

**People with experience as a family caregiver in supporting a loved one with mental health challenges and bilingual / bicultural applicants are strongly encouraged to apply.**

This is a full time, benefitted position. This position will be based in the main office at 440 Grand Avenue, Suite 360, Oakland, CA 94610.

## Duties

- ❖ Welcome clients via phone, in-person appointments and walk-in clients
- ❖ Support staff with meeting preparation and outreach events
- ❖ Assist the Office Manager with programmatic supply ordering and receiving
- ❖ Be able to create/ modify and update documents using Microsoft Office 2010 (most frequently Word)
- ❖ Data entry / record logs
- ❖ Trouble-shoot IT and equipment related issues
- ❖ Maintain accurate inventory of all office supplies, equipment and furniture
- ❖ Occasional request to provide assistance and support satellite offices throughout Alameda County
  - May involve frequent travelling between offices, supply pick-up, meetings, etc.
- ❖ Complete other duties as assigned

## Desired and Required Qualifications

- ❖ Minimum of two (2) years working as an Administrative Assistant
- ❖ Experience with working in a non-profit sector
- ❖ Excellent problem-solving skills
- ❖ Must be computer literate
- ❖ Ability to take initiative to organize and prioritize work to meet deadlines
- ❖ Ability to lift up to 20 lbs and walk/travel long distances, when assisting with setup, inventory and outreach activities
- ❖ Must have reliable transportation

## Knowledge, Skills and Abilities

- ❖ Excellent overall communication skills; including oral and written in English
- ❖ Ability to follow oral and written directives with minimal directions
- ❖ Ability to operate standard office equipment, including but not limited to; computers, telephone systems, copiers and facsimile machines
- ❖ Excellent organizational and timely follow-through are a MUST

**Hours of Work: Monday through Friday, 9:00 AM to 5:00 PM;** some evenings and weekends as needed

**Compensation: \$ 2,660.00/month (DOE). Employee benefits include vacation and sick leave and employer-paid health/dental insurance.**

**To apply:** Secure an application packet by downloading it from the FERC website at [www.askferc.org](http://www.askferc.org) (click on 'Employment Opportunities'), or by picking it up at the FERC main office located at 440 Grand Avenue, Suite 360, Oakland, CA 94610. FERC Main Office hours are Monday thru Friday 9am-5pm. Fax to 510-746-1701. Please be sure to provide a fully completed application packet which includes: the Application, Supplemental Questions, and Affirmative Action Form. Application packets are not considered complete unless all Supplemental Questions have been answered; a resume is desirable, but does not replace the application and supplemental questions. If you have questions, you can reach the FERC office at (510) 746-1700. Deadline: Applications will be received in the FERC main office – position open until filled.

**The MHAAC is an Equal Opportunity Employer**

**Mental Health Association of Alameda County  
Family Education & Resource Center (FERC)**

*To apply, fill out and return this application either to:  
FERC main office at 440 Grand Avenue, Suite 360, Oakland, CA 94610 or fax to 510-746-1701*

**Personal Information**

*After filling in form, please print out and sign by hand.*

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

(\_\_\_\_\_) \_\_\_\_\_  
Contact Phone No.

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Yes

No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes

No

If no, describe the functions that cannot be performed.

**(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and/or skill and agility tests.)**

How did you hear about this position? \_\_\_\_\_

**Applicant's Certification**

/I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**NOTE: APPLICATION REQUIRES AN ORIGINAL, NON-DIGITAL SIGNATURE**

## Education and Training

<u>School</u>	<u>Name and Address</u>	<u>No. of years Completed</u>	<u>Did you Graduate?</u>	<u>Degree or Diploma</u>
High School	_____ Name _____ City	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
College/ University	_____ Name _____ City	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Vocational/ Business	_____ Name _____ City	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Some of our potential clients do not communicate well in English. **Do you speak, write or understand any foreign language(s)?**  
 Yes  No  If yes, which language(s)? \_\_\_\_\_

## Professional References

**1. Name of employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Relationship to Applicant** \_\_\_\_\_

**Dates of employment:** From \_\_\_\_\_ **To** \_\_\_\_\_

**Starting position:** \_\_\_\_\_ **Ending position:** \_\_\_\_\_

**Starting Salary:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_

**2. Name of employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Relationship to Applicant** \_\_\_\_\_

**Dates of employment:** From \_\_\_\_\_ **To** \_\_\_\_\_

**Starting position:** \_\_\_\_\_ **Ending position:** \_\_\_\_\_

**Starting Salary:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_

3. Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_  
Starting position: \_\_\_\_\_ Ending position: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

### Personal References

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Years Known \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Years Known \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Years Known \_\_\_\_\_

**Employment History**

List below all present and past employment over the last twenty (20) years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? Yes  No

\_\_\_\_\_

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? Yes  No

\_\_\_\_\_  
Name of Employer

(\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
**From**                      **To**

Weekly Pay: \_\_\_\_\_  
**Starting**                      **Ending**

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?      Yes       No

\_\_\_\_\_

\_\_\_\_\_  
Name of Employer

(\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
**From**                      **To**

Weekly Pay: \_\_\_\_\_  
**Starting**                      **Ending**

\_\_\_\_\_  
Your Job Title and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?      Yes       No

# Supplemental Questionnaire

- 1.) Do you have experience as a family member/caregiver to a loved one with mental health and/or serious emotional challenges?
- 2.) What experiences, if any, have you had working with underserved populations? What were some key learning tools from your experience?
- 3.) Please provide us with an example of a time when you actively did "whatever it takes" to complete a work related task/project.
- 4.) What qualities and skills do you feel are essential for a successful Administrative Assistant to possess?



5.) Please describe your computer experience including applications used (MS Word, Excel, etc.), computer environments (Windows, Macintosh, etc.), database and spreadsheet skills.

6.) Please describe the kinds of deadlines you have had to meet in previous positions.

7.) Please describe your experience working on a team, and what contributions you made to improve the teamwork.

**MENTAL HEALTH ASSOCIATION OF ALAMEDA COUNTY**

**AFFIRMATIVE ACTION DATA REQUEST**

In order to monitor the implementation of its Affirmative Action Program, the Association compiles statistical data on the sex, race and disability status of job applicants.

Please complete this data sheet in order to assist us in this process.

This page will be removed from the application prior to the application being reviewed; the data will be entered only on an applicant flow log.

NAME: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
                        LAST  FIRST  INITIAL

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DATE: \_\_\_\_\_

Sex:

- 1. \_\_\_\_\_ Male
- 2. \_\_\_\_\_ Female

Ethnic Classification:

- 1. \_\_\_\_\_ American Indian/Alaskan Native
- 2. \_\_\_\_\_ Caucasian
- 3. \_\_\_\_\_ African American
- 4. \_\_\_\_\_ Asian, Pacific Islander, Indian Subcontinent
- 5. \_\_\_\_\_ Hispanic
- 6. \_\_\_\_\_ Filipino

Provision of this information is strictly voluntary, and refusal to provide it will not subject you to any adverse treatment. Any information provided will be kept confidential and used only in accordance with the Federal regulations.