



## FAMILY ADVOCATE POSITION AVAILABLE

If you are, or have been, a family member/caregiver responsible for, or closely involved in the life of a loved one with a serious mental illness or emotional disturbance (adult or child) whether biologically related or not, The Mental Health Association of Alameda County encourages you to apply for a full time, benefitted position currently available with its new program. Seeking persons with a 'personal lived experience' that now drives their passion for serving other family members/caregivers needing hope and support. No 'on the job' experience in the mental health field is required; will train.

### THE PROGRAM

The Family Education and Resource Center ('FERC') is a new family/caregiver-centered program that provides information, education, and support services to family/caregivers of children, adolescents, transitional age youth, adults, and older adults with serious emotional disturbance or mental illness 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.

### ESSENTIAL DUTIES:

Under the supervision and guidance of the Lead Family Advocate, Family Advocates' duties may include, but are not limited to the following:

- Assist family members / caregivers in navigating the complex mental health system of care in Alameda County
- Support family members/caregivers by phone or by in-person consultation
- Provide a full range of information, support, encouragement, advocacy, and referral to appropriate community resources, and related services in order to assist the family/caregiver in coping effectively with immediate and/or long-term situations.
- Attend, facilitate and/or support family/caregivers ' self-help groups, existing family support groups and family peer support efforts.
- Document key components of calls and activities (database, logbooks, etc)



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- Actively participate in liaison role with key partners such as NAMI affiliates (attend meetings, coordinate trainings, etc)
- Active involvement in community outreach (e.g. table at health faires, schools, and other public venues, etc)

**QUALIFYING EXPERIENCE:**

Current or previous experience as a family member/caregiver responsible for, or closely involved in the treatment of, an individual having an emotional disturbance or mental illness (child or adult), whether biologically related or not.

**Personal Knowledge/experience of:**

- The family/caregiver experience.
- The issues associated with having a family member with a serious emotional disturbance or mental illness as well as the physical, psychological, and emotional stressors which often accompany this experience
- Advocating on behalf of a family member (child or adult) to obtain services and/or assistance.

**Desirable or Highly Desirable (but not required) Qualifications:**

- Familiarity with the mental health service system in Alameda County (highly desirable);
- Direct/personal experience navigating the mental health system as the family/caregiver of a child, adolescent, young adult, adult, or older adult.
- Bilingual and/or bicultural (highly desirable); reflecting the communities we serve.
- Familiarity with the National Alliance on Mental Illness ('NAMI') and/or CA United Advocates for Children and Families.
- Graduate and/or trainer of the NAMI Family to Family Education Program or other NAMI signature educational and/or support program or the United Advocates for Children's EES Training.

**Other Requirements:**

Must have a motor vehicle available for daily use, possess a valid California drivers license, carry vehicle liability insurance with at least \$100,000/\$300,000 limits, and have an acceptable motor vehicle report, as determined by MHAAC's insurance broker.

**HOURS OF WORK:** This is a full-time position. M-F 9-5. Some evenings and weekends.

**WORK LOCATION:** Alameda County. Exact office location - to be determined; FERC Main office is in Oakland, and satellite offices are in Oakland, Livermore, Hayward and Fremont



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**SALARY:** \$3,485 per month (DOE). Employee benefits include vacation and sick leave and employer-paid health/dental insurance.

**TO APPLY: PLEASE FOLLOW THESE INSTRUCTIONS:**

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 calling the FERC at (510) 746-1700 or by picking it up at the FERC main office located at 7200 Bancroft Ave., Suite 269, Oakland, 94605. 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 the Supplemental Questions have been answered; a resume is desirable, but does not replace the application and supplemental questions.



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Mental Health Association of Alameda County  
 954 60th Street, Suite 10, Oakland, CA 94608 (510) 746-1473  
*An Equal Opportunity/Affirmative Action Employer*  
*Application for Employment as*  
**Family Advocate - Family Education & Resource Center (FERC)**

*To apply, fill out and return this application by 12 Noon on [insert date here] to the FERC office at 7200 Bancroft Avenue, Suite 269, Oakland, CA 94605*

**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 to skill and agility tests.)**

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? [Convictions for marijuana-related offences that are more than two years old need not be listed]                      Yes                       No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

**(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)**

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



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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.**



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## Education and Training

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

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 languages(s)?

## Personal References

\_\_\_\_\_  
First Name                      Last Name                      ( ) \_\_\_\_\_  
Telephone #

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

\_\_\_\_\_  
Occupation                      Relationship to you

\_\_\_\_\_  
First Name                      Last Name                      ( ) \_\_\_\_\_  
Telephone #

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

\_\_\_\_\_  
Occupation                      Relationship to you



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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

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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



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\_\_\_\_\_  
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



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\_\_\_\_\_  
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



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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

DATE \_\_\_\_\_

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

- Are you a Vietnam era veteran?  
1. \_\_\_\_ Yes  
2. \_\_\_\_ No

- Do you have a disability?  
1. \_\_\_\_ No  
2. \_\_\_\_ Yes

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

Persons with one or more disabilities: This Association desires to, and is required to, take affirmative action to provide equal employment opportunity to otherwise-qualified persons who have one or more disabilities.

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 regulation.



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3. Describe any types of activities (volunteer or paid) you've been a part of which have involved persons of a different culture/language/ethnicity than your own. What was your role? What went well? What were the challenges faced? How did this experience impact you?

4. What do you believe are some of the biggest misunderstandings that many people have about individuals with an emotional or mental health disorder? What have you personally done to reduce stigma?



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