

# MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT:

Robert MARCUM

STREET ADDRESS OF APPLICANT:

36136 KESTREL AVE.

MCGREGOR, MN 55760

PHONE NUMBERS:

DAYS 218-768-2398

EVENINGS 218-838-9553 CELL

AITKIN COUNTY COMMISSIONER DISTRICT

3

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

I AM A TOWNSHIP SUPERVISOR FOR SALO TWP (3 terms)

I SERVED ON THE NORTHWOOD TRAIL COMMITTEE FOR SEVERAL YEARS

MEMBER OF THE TRAIL TOWN COMMITTEE

PAST MEMBER OF SNCDC COMMUNITY DEVELOPMENT COMMITTEE

I AM A LIFELONG RESIDENT OF AITKIN COUNTY AND CARE DEEPLY ABOUT THE WELFARE OF OUR CITIZENS.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Robert Jan Marum

Signature of Applicant

01-03-13

Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes  No

Is this application submitted at the suggestion of appointing authority? Yes  No

Please return application to the Aitkin County Health & Human Services office, located at  
204 - 1st Street NW, Aitkin, MN 56431

For Office Use Only

Date Appointed: \_\_\_\_\_

Date of Term Expiration: \_\_\_\_\_

Term #: \_\_\_\_\_

AITKIN COUNTY HEALTH & HUMAN SERVICES  
Advisory Committee  
Application Form

NAME: Robert J MARCUM  
(First) (MI) (Last)

ADDRESS: 36136 KESTREL AVE HOME PHONE: 218-768-2398  
MCGREGOR, MN 55760 BUSINESS PHONE: \_\_\_\_\_  
CELL PHONE: 218-838-9553

E-MAIL ADDRESS: RMARCUM@Frontier.net.net

EMPLOYER: SELF OCCUPATION: Refrigeration tech.

EMPLOYER ADDRESS: \_\_\_\_\_

1. Please state your reason for applying: I feel I can be of service promoting the general welfare of Aitkin Co.
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: Northwoods Trail, TWA Supervisor, Community development, Publisher of McGregor Pilot Review, Lions Club, Elks Club
3. Are you able to attend meetings during the day?  Yes  No  
Currently this committee meets at 3:30 p.m. on the first Wednesday of each month.
4. Are you able to attend at least 10 meetings each year?  Yes  No
5. Would you be willing to serve a one-year or two-year term?  
 One-year  Two-year either one is fine

Signature of Applicant: Robert J Marcum Date: 08-03-13

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:  
Aitkin County Health & Human Services  
Attention: Julie  
204 - 1st Street NW  
Aitkin, MN 56431

Questions? Call: 218-927-7200 or 1-800-328-3744

# MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT:

Beverly Mensing

STREET ADDRESS OF APPLICANT:

13675 - 160th Ave  
McGroth Mn 56350

PHONE NUMBERS:

DAYS 320-592-3830  
EVENINGS Same

AITKIN COUNTY COMMISSIONER DISTRICT \_\_\_\_\_

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

*I am interested in the health & welfare of our aging population. I have been an overseer of an aging parent, now a brother-in-law. I find services to be very helpful & maybe with my history of having "been there" I can be of some help on this board. I am sure there are alot of areas I am not even familiar with!*

*I also belong to Lions (very active), my church, do benefits for needy people. Also take care of a couple of families that need someone around!*

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Beverly Mensing  
Signature of Applicant

1-8-13  
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes \_\_\_\_\_ No X

Is this application submitted at the suggestion of appointing authority? Yes X No \_\_\_\_\_

Please return application to the Aitkin County Health & Human Services office, located at  
204 - 1st Street NW, Aitkin, MN 56431

For Office Use Only

Date Appointed: \_\_\_\_\_

Date of Term Expiration: \_\_\_\_\_

Term #: \_\_\_\_\_

AITKIN COUNTY HEALTH & HUMAN SERVICES  
Advisory Committee  
Application Form

NAME: Beverly Mae Mensing  
(First) (MI) (Last)

ADDRESS: 13675-160th Ave HOME PHONE: 320 592 3830  
McGrath Mn BUSINESS PHONE: \_\_\_\_\_  
56350 CELL PHONE: 612 390 6420

E-MAIL ADDRESS: rbmensing@citlink.net

EMPLOYER: \_\_\_\_\_ OCCUPATION: bookkeeper

EMPLOYER ADDRESS: N/A

1. Please state your reason for applying: Am interested in services for our community & local residents.
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: Belong to Lions, do community meals.
3. Are you able to attend meetings during the day?  Yes  No  
Currently this committee meets at 3:30 p.m. on the first Wednesday of each month.
4. Are you able to attend at least 10 meetings each year?  Yes  No
5. Would you be willing to serve a one-year or two-year term?  
 One-year  Two-year

Signature of Applicant: Beverly Mensing Date: 1-8-13

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:  
Aitkin County Health & Human Services  
Attention: Julie  
204 - 1st Street NW  
Aitkin, MN 56431

Questions? Call: 218-927-7200 or 1-800-328-3744