

AITKIN COUNTY HEALTH & HUMAN SERVICES

V. - A. - 1.

Advisory Committee
Application Form

NAME: Kari M. Paulsen
(First) (MI) (Last)

ADDRESS: 42593 300th Lane HOME PHONE: 218-330-4472
Aitkin, MN 56431 BUSINESS PHONE: 218-927-5623
CELL PHONE: 218-330-4472

E-MAIL ADDRESS: kpaulsen@aitkinwfc.com

EMPLOYER: NEMN Office of Job Training OCCUPATION: Career Counselor

EMPLOYER ADDRESS: 826 North 9th Street, P.O. Box 1028, Virginia, mn 55792

1. Please state your reason for applying: provide improved access & support networks for families and community members who need assistance.
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: I have been providing employment services to Aitkin County MFIP, DWP, youth, dislocated workers, unemployed, and underemployed individuals for 11 years.
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: Kari Paulsen Date: 2/2/13

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: Kari Paulsen

STREET ADDRESS OF APPLICANT:

42593 300th Lane
Aitkin, mn 56431

PHONE NUMBERS:

DAYS 218-927-5623

EVENINGS 218-330-4472

AITKIN COUNTY COMMISSIONER DISTRICT 2

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 earned a Bachelor of Science from the University of MN Duluth &
a Master of Arts from the college of St. Scholastica. I have
worked as a Career Counselor for eleven years serving
unemployed and underemployed residents of Aitkin County.
I have strong collaborative relationships with Health & Human
Services, non-profits, civic organizations, and businesses. I participate
on the following committees: LAC, Homeless Coalition, Salvation Army,
and the Wilkins Lake Association. I would be honored to serve on the Advisory Committee

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

Kari Paulsen
Signature of Applicant

2/2/13
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 #: _____