AITKIN COUNTY HEALTH & HUMAN SERVICES Advisory Committee Application Form

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NAME:	Darlene	C Hlid	lek	
	(First)	(MI)	(Last)	
ADDRESS:	44893 US Hwy 169	HOME PHONE:	(218) 845-2770	
	Palisade, MN 56469	BUSINESS PHONE:	Same	
*		CELL PHONE:	(612) 269-6616	
E-MAIL ADDRESS: dhlidek@frontiernet.net				
EMPLOYER:	Self	OCCUPATION:	Antique shop part time	
EMPLOYER A	DDRESS: Same as above			
Please state your reason for applying: I would like to become involved with the Aitkin County Health Community again. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: Coordinating health related programs for youth and adults, writing grant proposals, serving on boards. Lions Club Are you able to attend meetings during the day? X Yes No Currently this committee meets at 3:30 p.m. on the first Wednesday of each month.				
Are you able to attend at least 10 meetings each year? X YesNo				
Would you be willing to serve a one-year or two-year term? One-year X Two-year				
ignature of App	licant: Darlene C. L	lides Date:	11/25/2013	
LEASE COMP	LETE AND SUBMIT THIS APPLI Aitkin County Health & Hum 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 Advis	orv Committee
NAME OF APPLICANT: Darlene C. Hlidek	
STREET ADDRESS OF APPLICANT:	PHONE NUMBERS:
44892 US Hwy 169	DAYS Home: (218) 845-2770
Palisade MN, 56469	EVENING: Cell: (612) 269-6616
AITKIN COUNTY COMMISSIONER DISTRICT 4	4
Minnesota Statues 15.0597, state that the application shall include a "statement qualifications and any other information the nominating person feels be helpful community service experience, or education that would be pertinent to this approximation."	to the appointing authority " (May include employmen
See attached	
Control of the Contro	
The second of th	
the undersigned, hereby state that I satisfy, to the best of my knowledge	ge, all legally prescribed qualifications for the
osition sought.	11/05/0010
Sparting C. Llicks gnature of Applicant	11/25/2013 Date
applicant is being nominated by another person or group, the above significant is	gnature indicates consent to nomination.
this application submitted by appointing authority? Yes	NoX
this application submitted at the suggestion of appointing authority?	Yes No _X
Please return application to the Aitkin County Health 204 - 1st Street NW, Aitkin,	& Human Services office, located at MN 56431
Office Use Only	
te Appointed: Date of Term Expiration:	Term #:

APPLICATION FOR SERVICE ON AITKIN COUNTY HEALTH & HUMAN SERVICES ADVISORY COMMITTEE

Darlene Hlidek

Education:

- .Nursing degree, Scottsbluff, Nebraska, 1969 (no longer registered)
- .Bachelor Degree in Elementary Education, U of Wis., River Falls, WI, 1976
- .PH.D. Education (Emphasis on School and Community Health) 1984, U. of Minn.

Aitkin County Health and Human Services (Then Public Health Dept.) 1985 to 1997??:

- .Coordinated health and health education programs for youth and adults
- .Chemical health programs in all three Aitkin County public school districts
- .Summer youth job program emphasizing chemical health
- .Called volunteers for Hospice program
- .Facilitated a grief group for adults
- .Coordinated Heart Health program for Aitkin County
- . Involved in organizing C.A.R.E. (Coordinating Area Resources Effectively)
- .Involved in producing first Community Resource Directory
- .Wrote and was involved in writing a number of successful grant proposals
- .Read grant proposals for the Minnesota Department of Education

Other:

- School Nurse River Falls Wisconsin School District 6 years
- .Taught health education classes U. of Minn. to prospective teachers 5 years
- .Member Mille Lacs Energy Board of Directors 16 years
- -Member Lions Club 25 years
- .Distributed eye glasses in Mexico, Lion's Club Vision Program 2 years