

## AITKIN COUNTY HEALTH &amp; HUMAN SERVICES

Advisory Committee

Application Form

NAME: GAYLE P JANZEN  
 (First) (MI) (Last)

ADDRESS: 36065 State Highway #47 HOME PHONE: (218) 927-2477

Aitkin, MN 56431 BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: (218) 330-0701

E-MAIL ADDRESS: bgjanzen@centurylink.net

EMPLOYER: Retired OCCUPATION: \_\_\_\_\_

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

1. Please state your reason for applying: I have resided in Aitkin County for the past 3 yrs and would like to be involved in the community and feel my past experience would be a benefit to the committee and the people of Aitkin Co.
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: I worked as a Financial Worker and Supervisor in Crow Wing County, A financial Supervisor (Stream Maintenance) in Morrison County and a Health Care Advisor for DHS
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: Gayle Janzen Date: 12/4/13

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:

Gayle JANZEN

STREET ADDRESS OF APPLICANT:

36065 State Highway 47

AITKIN, MN 56431

PHONE NUMBERS:

DAYS (218) 927-2477

EVENINGS SAME

AITKIN COUNTY COMMISSIONER DISTRICT 1

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 worked as a financial worker and at a later date was promoted to be the Medical Assistance Supervisor in Crow Wing County. I later was asked to work at DHS as a Health Care Advisor for other staffs and counties. I moved back up to the area in 1997 and became the Income Maintenance Supervisor for all Public Assistance programs, supervising 17 staff and remained in that position until my retirement in 2007. I worked closely with the county board, public health, social services and the community in Morrison County.

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

Gayle Janzen  
Signature of Applicant

12/4/13  
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 #: \_\_\_\_\_