

## AITKIN COUNTY HEALTH &amp; HUMAN SERVICES

Advisory Committee

Application Form

NAME: Joy (First) Ann (MI) Janzen (Last)ADDRESS: 36208 Deer St HOME PHONE: 218-937-6119Aitkin, Mn. 56431 BUSINESS PHONE: Retired.

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: janze003@umn.eduEMPLOYER: Retired OCCUPATION: \_\_\_\_\_

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

1. Please state your reason for applying: I am interested in serving on the board to help where I can. I feel we need community input and I serve the community in many capacity.
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: Served as Nutrition Educator for 11 years, Aitkin Riverboat Lions, Community Med Board, Aitkin Co. Fair Board, St. John's Lutheran Financial Board.
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: Joy Janzen Date: 12-9-2013

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

Aitkin County Health &amp; 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:

Joy Janzen

STREET ADDRESS OF APPLICANT:

36208 Deer St  
Aitkin, Mn. 56431

PHONE NUMBERS:

DAYS 218-927-6119

EVENINGS same.

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 have always been involved in Community Service. I have served the last four years on the Community Meal Board and took the Food Service Course and am Certified to work in Kitchens. I served 10 years on Aitkin Co. Fair Board and serve as Superintendant of Home Activities Building. Member of Riverboat Lions and I have been president and on their board. Financed board for St. John's Lutheran. Mrs. Santos for Nursing Homes.

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

Joy Janzen  
Signature of Applicant

12-9-2013  
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 #: \_\_\_\_\_