

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

NAME: JAMES R CARLSON
 (First) (MI) (Last)

ADDRESS: 50925 202ND PL. HOME PHONE: 218-426-4256

McGREGOR, MN BUSINESS PHONE: N/A
55760

CELL PHONE: N/A

E-MAIL ADDRESS: carlsona@frontiernet.net

EMPLOYER: RETIRED OCCUPATION: _____

EMPLOYER ADDRESS: _____

1. Please state your reason for applying: I AM INTERESTED^{IN} AND IMPRESSED BY THE SCOPE OF SERVICES PROVIDED
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: 6 YEARS ON H+HS ADVISORY Comm
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: James R Carlson Date: 12/6/13

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:

JAMES R. CARLSON

STREET ADDRESS OF APPLICANT:

50925 202ND PL.

MCGREGOR, MN 55760

PHONE NUMBERS:

DAYS 218-426-4256

EVENINGS SAME

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AITKIN COUNTY COMMISSIONER DISTRICT 4

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

James R. Carlson
Signature of Applicant

12/6/13
Date

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

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Is this application submitted by appointing authority? Yes _____ No X

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

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 #: _____