

AITKIN COUNTY HEALTH & HUMAN SERVICES
Advisory Committee
Application Form

NAME: Robert B Lewis
(First) (MI) (Last)

ADDRESS: 42555 25th HOME PHONE: 218-768-4012
Mr. Brown BUSINESS PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: rb@lewislaw.com

EMPLOYER: retired OCCUPATION: _____

EMPLOYER ADDRESS: _____

1. Please state your reason for applying: I am interested in the COORDINATION & INTEGRATION of all health providers in Aitkin County
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: none

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: Robert B Lewis Date: Dec 1, 2013

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:

Robert B. Lewis

STREET ADDRESS OF APPLICANT:

42568 255th Place
McGregor MN 55760

PHONE NUMBERS:

DAYS 218-768-4012

EVENINGS

same

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)

McGregor School Board 8 yrs

Riverwood Hospital Bd - 9 yrs

McGregor Lions Club 22 yrs

HHS Advisory Committee 4 yrs

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

Signature of Applicant

Robert B. Lewis

Date

Dec 2, 2013

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 #: _____