

COMPOSITION OF MEMBERSHIP ON ADVISORY COMMITTEE January - 2015

Commissioner District 1:		(Mark Wedel)
Marlene Abear	Recipient of Service	
Kristine Layne	Service Provider	
Commissioner District 2:		(Laurie Westerlund*)
Gayle Janzen	Laymember	
Joy Janzen	Service Provider	
Jessica Seibert	Service Provider	
Amanda Voller	Service Provider	
Commissioner District 3:		(Don Niemi)
Roberta Elvecrog	Recipient of Services	
Robert Marcum	Laymember	
Beverly Mensing	Laymember	
Commissioner District 4:		(Brian Napstad)
Jim Carlson	Laymember/Recipient of Services	
Darlene Hlidek	Recipient of Services	
Robert Lewis	Laymember/Recipient of Services	
Katie Nelson	Service Provider	
Commissioner District 5:		(Ann Marcotte*)

Members that provide representation:

Kami Genz	Corrections
Diane Eastman	Union Representative

* Commissioner Member on this committee

By-Laws identify the need for the following representation:

		Current Numbers:
4	recipients of service	5
2	lay persons (citizens of the county)	3
3	providers of service	5
1	member of corrections advisory board	1
1	union member	<u>1</u>
	Current Total Membership	15

Composed of not less than six nor more than sixteen members appointed by the Board.

December 16, 2014

Please Note:

Advertising for applicants to the Health & Human Services Advisory Committee was done in early November in the five local newspapers: Kanabec Advertiser, Newshopper, Voyageur Press, Independent Age and Mille Lacs Messenger. The News Release specifically asked for applicants from Commissioner Districts 1, 3 and 5. Commissioner Marcotte was notified of the outcome with respect to no applications from her District # 5. She informed me that she would be seeking folks to apply for appointment to the committee in January.



The image shows a newspaper clipping with a dark background. At the top left, there is a large stylized letter 'S' and a circular logo featuring a bird's head. In the top right corner, the text reads: "Aitkin Independent Age", "www.aitkinage.com", "Wednesday, Nov. 5, 2014", and "B5". The main headline is "County has openings on advisory committee". Below the headline, there are three columns of text. The first column discusses the Health and Human Services Advisory Committee, its purpose, and the deadline for applications. The second column lists the locations for District 3. The third column lists the locations for District 5. To the left of the main text, there are two smaller sections: "upcake competition" and a small photo of a woman.

Aitkin Independent Age
www.aitkinage.com
Wednesday, Nov. 5, 2014 **B5**

County has openings on advisory committee

Aitkin County has openings of the Health and Human Services Advisory Committee. It is open to Aitkin County residents in Commissioner District 1 - city of Aitkin; and the townships of Aitkin and Spencer.

In District 3, it is open to those living in the city of McGrath and the townships of Beaver, Glen, Idun, Kimberly, Lakeside, White Pine, Williams and unorganized townships 47-24 and 45-24.

In District 5, it is open to those living in the cities of Hill City and Palisade, and the townships of Ball Bluff, Balsam, Cornish, Hill Lake, Libby, Logan, MacVile, 51-22, 50-27, 50-26, 50-25, 49-27 and 48-27.

Those interested in serving a two-year term should contact Julie Lueck at the Aitkin County Health and Human Services office at 218-927-7200 for an application. The deadline is Dec. 5.

Members will advise the county board of commissioners on issues and services related to accomplishing the mission and goals of the agency.

Meetings are held at 3:30 p.m. the first Wednesday of each month at the Health and Human Services office, 204 First St. N.W., Aitkin.

The Aitkin County Board of Commissioners will make the selection Dec. 23.

upcake competition

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

NAME: Marlene S Abear
(First) (MI) (Last)

ADDRESS: 406 6th St NW HOME PHONE: _____

Aitkin, Mn 56431 BUSINESS PHONE: _____

CELL PHONE: 218-839-0331

E-MAIL ADDRESS: dma dma 44 @ gmail. com

EMPLOYER: None OCCUPATION: Retired

EMPLOYER ADDRESS: _____

1. Please state your reason for applying: Just moved to Aitkin Co, saw there was an opening + thought my knowledge might be helpful.

2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: Worked at ACHHS for 24 years + 11 mo in the financial and child support areas.

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: Marlene Abear Date: 11-13-14

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:

Marlene S Abear

STREET ADDRESS OF APPLICANT:

406 6th St NW
Aitkin, Mn 56431

PHONE NUMBERS:

DAYS } 218-839-0731
EVENINGS }

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)

In my almost 25 years employed at
ACHHS I learned about the many
programs in the financial department
and all about the child support
services but also interacted with
The other departments so we could
give clients the best possible
assistance.

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

Marlene S. Abear
Signature of Applicant

11-13-14
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 #: _____

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

NAME: Diane K. Eastman
(First) (MI) (Last)

ADDRESS: 31638 - 390th Place HOME PHONE: 927-3662
Aitkin, MN 56431 BUSINESS PHONE: 927-7291
CELL PHONE: 218-839-7981

E-MAIL ADDRESS: dashindi@yahoo.com

EMPLOYER: Aitkin Co. & N. Serv. OCCUPATION: case aide

EMPLOYER ADDRESS: 204 1st St. NW, Aitkin, MN 56431

1. Please state your reason for applying: I think it will be interesting to hear what other community members have to say about our services. I will be the union representative.

2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: an employee

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: Diane Eastman Date: 11/14/14

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:

Diane Eastman

STREET ADDRESS OF APPLICANT:

31638 - 390th Place
Aitkin, MN 56431

PHONE NUMBERS:

DAYS 218-927-7291
EVENINGS 218-927-3662

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 worked for Aitkin County
Health and Human services for 25 years
and would like the opportunity to hear
other community members discuss the services
that our agency does.

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

Diane Eastman
Signature of Applicant

11/14/14
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 #: _____

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

NAME: Roberta C Elvecrog
(First) (MI) (Last)

ADDRESS: 29097 Dam Lake St HOME PHONE: 218-549-3614
Aitkin MN 56431 BUSINESS PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: relvecrog@frontiernet.net

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____

1. Please state your reason for applying: I have previously served on this Committee and have been attending this past year without appointment
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: I am a guardian for 2 residents of the County; volunteered at the nursing homes and assisted livings; volunteered in helping and assisting elderly in their homes so that they can remain in their homes
3. Are you able to attend meetings during the day? Yes No in their homes
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: relvecrog Date: 11/7/14

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: Roberta C. Elvecrog

STREET ADDRESS OF APPLICANT:

29097 Dam Lake Street
Aitkin MN 56431

PHONE NUMBERS:

DAYS 218-549-3614

EVENINGS 218-549-3614

AITKIN COUNTY COMMISSIONER DISTRICT 3

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 am guardian for 2 residents of the county - 1 in a group home and 1 trying to maintain her independence. I am helping ^(w/out compensation) several senior citizens maintain their independence and ability to stay at home. I do taxes for the low-income and elderly through the AARP tax program. I am active as a volunteer and sub in the local schools and nursing homes. I have experience dealing with large sums of money. I continue to try to promote better understanding and tolerance of the Health &

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought. *Human services programs and consumers.*

Elvecrog
Signature of Applicant

11-7-14
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 #: _____

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

NAME: Amanda M Voller
(First) (MI) (Last)

ADDRESS: 30881 US Hwy HOME PHONE: N/A
169 Aitkin MN BUSINESS PHONE: 218-735-6120
CELL PHONE: 218-330-5636

E-MAIL ADDRESS: mvswanson2003@yahoo.com

EMPLOYER: NE MN Office of Job OCCUPATION: Career Counselor
Training

EMPLOYER ADDRESS: 321 MN Ave N Aitkin, MN 56431

1. Please state your reason for applying: _____

2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: _____

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: Amanda Voller Date: 12-4-14

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:

Amanda Voller

STREET ADDRESS OF APPLICANT:

30881 US Hwy 169
Aitkin, MN 56431

PHONE NUMBERS:

DAYS 218-735-6120
EVENINGS 218-330-5636

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)

See attached

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

Amanda Voller
Signature of Applicant

12-4-14
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 X

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 #: _____

Dear Julie:

Please accept my application for the Aitkin County Health and Human Services Advisory Board.

As a long standing resident of Aitkin County I have been involved in this community for years and have volunteered with the following:

- Operation Christmas
- Aitkin Public Schools
- Free Fitness classes for the community
- Seminars to the community on Health and Wellness
- Coordinated a Community Health & Wellness fair annually
- Operation Community Connect
- Homeless Coalition
- Salvation Army
- Aitkin Fit City
- Operation Christmas

I'm currently Self-Employed in a Small Business; Synergy Health & Wellness since 2008, which has given me the opportunity to work with many community leaders, clients, and volunteers. This has taught me much about how small businesses work, how to serve my community, and has opened my eyes to how important small business owners are to this community. My passion is to help people and this is one way I feel I give back to my community.

In July, 2014 I was hired by the NE MN Office of Job Training and work with MFIP, DWP, Adult and Student scholarships, and Dislocated Worker's. This job gives me the opportunity to serve my community in a positive way. I primarily work with the youth 14-21 years old. The focus is on finding a work experience for them so they gain experience in that field, and how to be an employee. This gives the opportunity to the small businesses in town to have an employee that they train at no cost to them. Dislocated Worker program is also a program I closely work with. This can serve anyone who is permanently laid off or terminated no fault of their own. We can help them further their training with various options of schooling, or On-The-Job Training opportunities with local businesses.

Currently, I am able to do both jobs and love them both as I am able to serve my community in so many ways. I would be honored to become a servant to this board and feel I will be a team player with the other members.

Should you have any questions, please don't hesitate to call me at 218-735-6120.

Sincerely,


Amanda Voller