

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

NAME: Kameron J Genz  
(First) (MI) (Last)

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_ BUSINESS PHONE: 927-7202

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

E-MAIL ADDRESS: kgenz@emnec.org

EMPLOYER: Cmcc OCCUPATION: Probation

EMPLOYER ADDRESS: 204 1<sup>st</sup> St NW Aitkin

1. Please state your reason for applying: re-appointment

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: [Signature] Date: 11-4-11

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: Kameron Grenz

STREET ADDRESS OF APPLICANT:

cmcc  
204 1st St NW  
Aitkin MN 56431

PHONE NUMBERS:

DAYS 218-927-7202  
EVENINGS \_\_\_\_\_

AITKIN COUNTY COMMISSIONER DISTRICT \_\_\_\_\_

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)

The committee has a position open for a representative from the Corrections Department. I have been working as a diversion agent &/or probation Agent in Aitkin Co. since 2000. I am a member of the CMCC Corrections Advisory Board. I was born <sup>raised</sup> in Aitkin & have worked in Aitkin County ~~in~~ for the past 18 consecutive years

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

Kameron Grenz  
Signature of Applicant

11-4-14  
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 \_\_\_\_\_

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: Robert J MARCUM  
(First) (MI) (Last)

ADDRESS: 36136 KESTREL AVE HOME PHONE: 218-768-2337

BUSINESS PHONE: \_\_\_\_\_

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

E-MAIL ADDRESS: Rmarcum@frontiernet.net

EMPLOYER: \_\_\_\_\_ OCCUPATION: Ret.

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

1. Please state your reason for applying: TO continue the good work of this committee.

2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: 2 years AHS Advisory, 1 year MN. DHS MEDICAID ADVISORY committee, 4 term SALO TWP SUPERVISOR

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 J Marcum Date: NOV. 5, 2014

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 J. Marcum

STREET ADDRESS OF APPLICANT:

36136 KESTREL AVE  
MCGREGOR, MN 55760

PHONE NUMBERS:

DAYS 218-768-2337  
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)

I HAVE BEEN A MEMBER OF THE AITKIN CO. HHS  
ADVISORY COMMITTEE FOR THE PAST 2 YEARS. DURING THAT  
TIME I WAS ALSO APPOINTED TO THE STATE OF MN  
MEDICAID ADVISORY COMMITTEE, EACH POSITION COMPLEMENTING  
THE OTHER. I LOOK FORWARD TO CONTINUED GOOD WORK  
FOR MY COUNTY & TOWNSHIP.

I AM A 4 TERM SUPERVISOR IN SALO TWP AND  
HAVE SERVED ON COMMUNITY DEVELOPMENT COMMITTEES, BEEN  
A PUBLISHED, ALWAYS POLITICALLY ACTIVE.

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 J. Marcum

Date

Nov. 5, 2014

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

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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: Beverly M. Mensing  
(First) (MI) (Last)

ADDRESS: 13675-160th Ave HOME PHONE: ~~612~~ 320 592 3830

McGrath Mn 56350 BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: 612 390 6420

E-MAIL ADDRESS: rbmensing@CitLINK.net

EMPLOYER: self OCCUPATION: Bookkeeper/retired

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

1. Please state your reason for applying: I am interested in the services offered in Aitkin Co.
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: I have been on the Advisory Committee the last 2 years
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: Beverly Mensing Date: 11-5-14

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: Beverly Mensing

STREET ADDRESS OF APPLICANT:

13675-160th ave

McGrath Mn 56350

PHONE NUMBERS:

320 592 3830

DAYS

612 390 4420

EVENINGS

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 have been on the advisory committee the last 2 years. I feel I am still learning alot about Health & Human Services. I enjoy being on the board & possibly able to ask questions while out in the community & able to direct people in the right area if they so chose to need any services.

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

Beverly Mensing  
Signature of Applicant

11-5-14  
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 X 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

NAME: Katie Nelson Advisory Committee  
(First) Application Form (MI)

ADDRESS: 46360 170th Place HOME PHONE: 218-424-0337  
M McGregor MN 55760 BUSINESS PHONE: \_\_\_\_\_  
CELL PHONE: 218-349-7250

E-MAIL ADDRESS: knelson2@riverwoodhealthcare.org

EMPLOYER: RHCC OCCUPATION: Foundation

EMPLOYER ADDRESS: 200 Bunker Hill Dr. 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: \_\_\_\_\_  
served on The H&H services committee 2014

3. Are you able to attend  
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 ea

5. Would you be willing to serve a one-year or two-year term?  
 One-year  Two-year

Signature of Applicant: Katie Nelson Date: 12/3/14

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: - *Katie Nelson*

STREET ADDRESS OF APPLICANT:

*46360 170th Pl.  
McBregor MN 55760*

PHONE NUMBERS: *218 349 7250*

DAYS

EVENINGS

AITKIN COUNTY COMMISSIONER DISTRICT

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 a Riverwood employee and live in Shamrock Township.*
- *The importance of enhancing our community is an initiative*
- *I am very passionate about.*
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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 *Katie Nelson*

Date *12/3/14*

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 \_\_\_\_\_

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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: Jessica A. Seibert  
(First) (MI) (Last)

ADDRESS: 32991 350<sup>th</sup> Ave. HOME PHONE: 927-2535  
Aitkin, MN 56431 BUSINESS PHONE: 927-2151  
CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: jessica@aitkinhra.org

EMPLOYER: Aitkin County HRA OCCUPATION: Housing Programs Coordinator

EMPLOYER ADDRESS: 215 3rd St. SE, Aitkin, MN 56431

1. Please state your reason for applying: to serve as a liaison  
between ACH+HS and the community

2. What has been your past involvement with Public Health Services, Social Services,  
Financial Services and other civic and community activities: \_\_\_\_\_  
Served on ACH+HS advisory board  
Daily interaction w/H+HS staff through work

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: Jessie Seibert Date: 11-5-14

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: Jessica A. Seibert

STREET ADDRESS OF APPLICANT:

32991 350<sup>th</sup> Ave.

Aitkin, MN 56431

PHONE NUMBERS:

DAYS 927-2151

EVENINGS 927-2535

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)

Current employer : Aitkin County HRA

Past/Current volunteer activities : Aitkin Co. Homeless Coalition,  
Aitkin Community Meal, Miss Aitkin Scholarship Pageant,  
ACHHS Advisory Committee.

BA in General Business

MA in Public Administration (May, 2015)

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

Jessie Seibert  
Signature of Applicant

11-5-14  
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 \_\_\_\_\_

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Date of Term Expiration: \_\_\_\_\_

Term #: \_\_\_\_\_