

AITKIN COUNTY HEALTH & HUMAN SERVICES
Advisory Committee
Application Form

NAME: Holly (First) A (MI) BRAY (Last)

ADDRESS: 51130 HWY 169 HOME PHONE: 218-340-8913
Palisade MN BUSINESS PHONE: _____
56469 CELL PHONE: _____

E-MAIL ADDRESS: hollybray13@gmail.com

EMPLOYER: Roadside Restuarant OCCUPATION: server

EMPLOYER ADDRESS: AITKIN

1. Please state your reason for applying: I like serving on Headstart policy council and thought this might be informative
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: I have used Headstart and WIC program also Public nurse for infants
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:  Date: 4/1/15

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:

Holly BRAY

STREET ADDRESS OF APPLICANT:

51130 HWY 169

Palisade MN 56469

PHONE NUMBERS:

DAYS 218-340-8913

EVENINGS _____

AITKIN COUNTY COMMISSIONER DISTRICT

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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 Headstart Policy Council for the past two years and find it very informative. I am on the Health Advisory Committee for Headstart and would like to learn more about my own community.

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

Date

4/1/15

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 #: _____