

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

NAME: Julie Anne Larkin (First) (MI) (Last)

ADDRESS: P.O. Box 355 Hill City 55748 HOME PHONE: - BUSINESS PHONE: - CELL PHONE: 218-398-1205

E-MAIL ADDRESS: julianne.larkin@gmail.com

EMPLOYER: Self / Riverwood OCCUPATION: Holistic Health,

EMPLOYER ADDRESS: 200 Banker Hill Dr. Mindfulness Coach + teacher

1. Please state your reason for applying: Am interested in this area of service to residents of Aitkin County want to support optimum health + well-being.

2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: Former Collaborative Coordinator, Anoka County Children + Family Council, worked for Anoka County, public policy undergraduate degree, currently receiving health care services thru Medicare.

3. Are you able to attend meetings during the day? [X] 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? [X] Yes [ ] No

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

Signature of Applicant: Julie Anne Larkin Date: 4/18/15

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: Julie Anne Larkin

STREET ADDRESS OF APPLICANT:

mail → P.O. Box 355 (69208 Hwy 169)  
Hill City, MN 55748

PHONE NUMBERS:

DAYS 218-398-1205

EVENINGS "

AITKIN COUNTY COMMISSIONER DISTRICT 5

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 focus of my work in holistic health is to support the optimal health + well-being of others. I have a MA in Holistic Health + BA in Public Policy Studies, which focused on child + family policies, so this area has been an interest for many years. I was coordinator of the Anoka County Children + Family Council until 2003, so have broad experience with working with others in the human service system within the county + →

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

Julie Anne Larkin  
Signature of Applicant

4/18/15  
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 #: \_\_\_\_\_

APR 22 2015

Working closely with a decision-making board  
as well as the county board. Also, I have  
a broad knowledge of the services provided  
& role of the different providers in the  
human service system.