

AITKIN COUNTY HEALTH & HUMAN SERVICES
Advisory Committee
Application Form

NAME: CAROLE A HOLTEN
(First) (MI) (Last)

ADDRESS: 48263 241ST PLACE HOME PHONE: 218 426 3627

BUSINESS PHONE: —

CELL PHONE: 218-820-3577

E-MAIL ADDRESS: RatLake89@Frontier.com

EMPLOYER: _____ OCCUPATION: Retired

EMPLOYER ADDRESS: _____

1. Please state your reason for applying: Interest in services for people of Aitkin County

2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: Area Director for Special Olympics Board member Tres. for ANGELS. 20 yrs as Clerk for Workman Township. Vol. @ McGregor School one day a week. Worked @ Honeywell in finance for 30 yrs.

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: Carole Holten Date: 12/10/15

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: CAROLE A. HOLTEN

STREET ADDRESS OF APPLICANT:

48263 241st Place
McGregor Mn 55760

PHONE NUMBERS:

DAYS 218-426 3627
EVENINGS 218-426 3627

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 retired from Honeywell with 30 years all in the Financial area.
When retiring to McGregor in 1989 I started my volunteer work
Area 5 Director for Special Olympics, Clerk for Workman Township 20yr.
Board member and Treasurer for Angels. One day a week vol. at
McGregor School in 1st grade. Member Grace Lutheran Church
Hold several positions - Church related.

I feel I have covered many aspects of work with many
different organizations involving young, old, special needs.
That qualify me for a member of this board.

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

Carole A. Holten
Signature of Applicant

12/10/15
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 #: _____