AITKIN COUNTY HEALTH & HUMAN SERVICES

V. - B. - 1.

Advisory Committee Application Form

| NAMI | E: Joy (First) | A. (MI) | (Last) | |
|------------------------------------|---|-------------------|----------------------|--|
| ADDF | RESS: 36208 Dec St Outkin | , | E: 218-927-6119 | |
| E-MA | ILADDRESS: JONZE 00 | CELL PHONE: | | |
| EMPL | OYER: | OCCUPATION | : Aetired | |
| EMPLOYER ADDRESS: | | | | |
| 3. 4. | Please state your reason for applying: Interest in Health & Human Levels - It become familia, with Alpartments What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: Lewise on the Health & Human Lewise Committee for two years, worked Multition objection program for 22 years, tions member over 10 years, Community med boars for 5 years. 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. Are you able to attend at least 10 meetings each year? Yes No | | | |
| 5. | Would you be willing to serve a one-year of One-year | 4 | | |
| | SE COMPLETE AND SUBMIT THIS APP Aitkin County Health & Hu Attention: Julie 204 - 1st Street NW Aitkin, MN 56431 | X LICATION TO: | Date: 10 - 17 · 2015 | |

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 Adviso | ry Committee |
|---|--|
| NAME OF APPLICANT: JOY Janze | η |
| STREET ADDRESS OF APPLICANT: | PHONE NUMBERS: |
| 36208 Deer St | DAYS 218-927-6119 |
| arthin, Mr. 56431 | EVENINGS Some |
| AITKIN COUNTY COMMISSIONER DISTRICT 2 | |
| Minnesota Statues 15.0597, state that the application shall include a "statement qualifications and any other information the nominating person feels be helpful community service experience, or education that would be pertinent to this app | to the appointing authority." (May include employment, |
| 1968 Stout State University | - Bachelon in Home Econmon |
| 1968 1972 Ext. Educator fo | and the second s |
| Owner of Patchwork She | - ' |
| 1991-2007 Nutrition Educat | in asst in aiden Co. |
| 1968 - present member of St. | John's Lutherar Church |
| and sewed a Superintendent of | V A |
| Bible school and church finan | W . A |
| President & executive board, airkin H5 Oirkin Community Real board serve as I, the undersigned, hereby state that I satisfy, to the best of my knowled position sought. | Community Ed. Committee, |
| Signature of Applicant | 10 - 16 - 2015 Date |
| If applicant is being nominated by another person or group, the above s | ignature indicates consent to nomination. |
| s this application submitted by appointing authority? Yes | <u> </u> |
| s this application submitted at the suggestion of appointing authority? | Yes No |
| Please return application to the Aitkin County Health 204 - 1st Street NW, Aitkin, | |
| For Office Use Only | |
| Date Appointed: Date of Term Expiration: | Term #: |