

AITKIN COUNTY HEALTH & HUMAN SERVICES

V. - B.

Advisory Committee

Application Form

NAME: Kimberly R DeMenge  
(First) (MI) (Last)

ADDRESS: 41756 Nature Ave HOME PHONE: 218-768-3397  
Aitkin, MN 56431 BUSINESS PHONE: \_\_\_\_\_  
CELL PHONE: 702-306-4043

E-MAIL ADDRESS: Kmay4043@gmail.com

EMPLOYER: Ascensus OCCUPATION: Attorney

EMPLOYER ADDRESS: Brainerd, MN

1. Please state your reason for applying: more community involvement

2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: NA

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: 1-7-16

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

JAN 13 2016

**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: Kim DeMenge

STREET ADDRESS OF APPLICANT:

41756 Nature Ave.

Aitkin, MN 56431

PHONE NUMBERS:

DAYS 702-306-4043

EVENINGS 218-768-3397

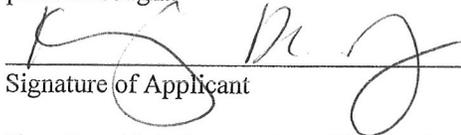
AITKIN COUNTY COMMISSIONER DISTRICT 4 - Fleming Twp.

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 not been convicted of a felony per §15.0597.

I am a staff attorney for Ascensus.

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

1-6-16

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

**JAN 13 2016**