

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

V. - A. - 1.

NAME: KEVIN E INSLEY
(First) (MI) (Last)

ADDRESS: 230 1st AVE NE #301 HOME PHONE: _____

Aitkin, MN 56431 BUSINESS PHONE: _____

CELL PHONE: 218-330-9286

E-MAIL ADDRESS: KEVIN INSLEY@GMAIL.COM

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____

1. Please state your reason for applying: HEALTH & HUMAN SERVICES ADVISORY COMMITTEE

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

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: K E Insley Date: 12-2-16

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

