

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee
Application Form

V. - B. - 2.

NAME: Amanda M Voller
(First) (MI) (Last)

ADDRESS: 30881 US Hwy 169 HOME PHONE: _____
Aitkin, MN 56431

BUSINESS PHONE: 218-735-6120

CELL PHONE: 218-330-5636

E-MAIL ADDRESS: amanda.voller@nemojt.org

EMPLOYER: NE MN Office of Job Training OCCUPATION: Career Counselor

EMPLOYER ADDRESS: 20 3rd St. NE Aitkin, MN 56431

1. Please state your reason for applying: To stay connected to the community and its resources for my profession

2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: I have served on the H&HS advisory board for the last 2 years. I also collaborate w social services regularly for my position at NEMOJT.

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: Amanda Voller Date: 12-1-16

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

**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: Amanda Voller

STREET ADDRESS OF APPLICANT:

30881 US Hwy 169
Aitkin, MN 56431

PHONE NUMBERS:

DAYS 218-735-6120
EVENINGS 218-330-5636

AITKIN COUNTY COMMISSIONER DISTRICT 2

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)

Currently I am a Career counselor with the NE
MN office of Job Training in Aitkin County. I also
serve on the community education board an volunteer
in the community on a regular basis.

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

Amanda Voller
Signature of Applicant

12-1-16
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 #: _____