

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

V. - B. - 3.

NAME: Roberta C Elvecrog  
(First) (MI) (Last)

ADDRESS: 29097 Dam Lake St HOME PHONE: 218-549-3614  
Aitkin MN 56431 BUSINESS PHONE: \_\_\_\_\_  
CELL PHONE: 218-513-9973

E-MAIL ADDRESS: relvecrog@frontiernet.net

EMPLOYER: Glen Township OCCUPATION: Clerk

EMPLOYER ADDRESS: % 29097 Dam Lake St Aitkin MN 56431

1. Please state your reason for applying: the information I receive at these meetings can be helpful when assisting those I help.
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: I am guardian for 6 vulnerable adults; volunteer at local nursing homes and schools; volunteer to help several elderly and disabled stay "at home"; etc.
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: relvecrog Date: 12-6-16

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: Roberta Elvecrog

STREET ADDRESS OF APPLICANT:

29097 Dam Lake St  
Aitkin MN 56431

PHONE NUMBERS:

DAYS 218-549-3614

EVENINGS \_\_\_\_\_

AITKIN COUNTY COMMISSIONER DISTRICT 3

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 served on the Health & Human Service Advisory Committee in the past. I am very involved with helping senior citizens in the County. I am guardian for 6 individuals. I volunteer at the area nursing homes and schools.

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

Elvecrog  
Signature of Applicant

12-6-16  
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 #: \_\_\_\_\_