

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

V. - B. - 5.

NAME: Beverly M. Mensing
(First) (MI) (Last)

ADDRESS: 13675-160th Ave HOME PHONE: 320 592 3830
McGuath Dr BUSINESS PHONE: _____
CELL PHONE: 612 390 6420

E-MAIL ADDRESS: rbmensing@CitLINK.net

EMPLOYER: Self OCCUPATION: acctg

EMPLOYER ADDRESS: _____

1. Please state your reason for applying: Enjoyed being on - learned a lot. Like getting info out in community
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: Lions, Church groups, Health services - Children's/mental health, Fire Dept./Rescue Dept./Red Cross
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: Beverly Mensing Date: 10-15-16

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

OCT 19 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: Beverly Mensing

STREET ADDRESS OF APPLICANT:

13675-160th Ave
McGrath Mn 56352

PHONE NUMBERS:

DAYS 320 592 3830
EVENINGS 612 390 6420

AITKIN COUNTY COMMISSIONER DISTRICT _____

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 am semi retired. I do several small business acct
at my home. Very active in community. Belong to the
Penelope, Gene Leon, Finlayson and McGrath area
First Responders. Peace Luth Church, Red Cross.
Have enjoyed being on the Advisory Board and
learned alot!

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

Beverly Mensing
Signature of Applicant

12-7-16
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 #: _____

OCT 19 2016