

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

V. - B. - 6.

NAME: Holly A Bray  
(First) (MI) (Last)

ADDRESS: 51130 Hwy 169 HOME PHONE: 218 340 8913  
Palisade 56469

BUSINESS PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: hollybray13@gmail-com

EMPLOYER: HILL CITY SCHOOL OCCUPATION: Para

EMPLOYER ADDRESS: HILL CITY

1. Please state your reason for applying: like to know what's going on in Aitkin County & help community

2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: used Public Health Services and was on Head start policy council

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: 12/12/16

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: Holly A Bray

STREET ADDRESS OF APPLICANT:

51130 Hwy 169  
~~Aitkin~~ Palisade MN 56469

PHONE NUMBERS:

DAYS 218-340-8913

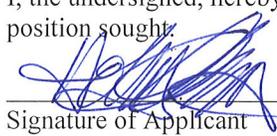
EVENINGS \_\_\_\_\_

AITKIN COUNTY COMMISSIONER DISTRICT 5

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 work at a school and would like to help my community. I feel I can help inform people of a positive experience with Aitkin County and the services that are provided.

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

12/12/16

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