

Aitkin County Health & Human Services

204 FIRST STREET NW AITKIN, MINNESOTA 56431-1291 PHONE 1-800-328-3744 or 1-218-927-7200 FAX # 1-218-927-7210

Advisory Committee Application Form

Application Form								
NAME: Kristine				Α	Layne			
(First)			(MI)	(Last)				
Address: 35728 387th Ave				Home Phone:	(218) 839-3336			
					Business Phone:	(218) 927-5521 (218) 839-3336		
	Aitkin	MN	56431					
Employe	oyer: Riverwood Healthcare Center Occupation: Chief Nursing Officer				Nursing Officer			
, ,		ne@riverw	oodhealth	care.o				
	-	-				es, Social Services, Financial		
		ivic and co			nd would like to cor	41		
i nave oc	en a part of	uno Auviso	ny comi	inuce a	na would like to col	Icinuc		
3. Are you able to attend meetings during the day? Yes No Currently meetings are held at 3:30pm on the first Wednesday of each month.								
4. Are yo	ou able to a	ttend at leas	st 10 meet	ings pe	er year? Yes	ONo		
5. Would	l you be wi	lling to serv	e a one-y	ear or	y two-year term?	1-Year • 2-Year		
Signature	of Applica	int: 💋	estin	e) J.	gy.e/	Date: 12/5/17		

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

Aitkin County Health & Human Services Attention:

Shawn Speed

204 - 1st Street NW Aitkin, MN 56431

Questions? Call: 218-927-7203 or 1-800-328-3744

An Equal Opportunity Employer

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 Ad	visory Commit	tee		
NAME OF APPLICANT: Kristin	ne Layne				
STREET ADDRESS OF APPLICAN 35728 387th	VT:		PHONE NUMBERS: DAYS (218) 839-3336 EVENINGS		
Aitkin, MN 5	56431				
AITKIN COUNTY COMMISSIONE	ER DISTRICT				
Minnesota Statues 15.0597, state that the qualifications and any other information community service experience, or educat	the nominating person feels be l	nelpful to the appointing	e satisfies any legally prescribed ng authority." (May include employment,		
I have a master's degree in Hea Have worked at Riverwood He I have served on several board and Minnesota Organization o	ealthcare for 14 years ls: CLC Curriculum Adv		alth Services Advisory Board,		
Public Health and the Hospital	I frequently partner on c	ommunity health	endeavors.		
I, the undersigned, hereby state that position sought.	satisfy, to the best of my kn	owledge, all legally	prescribed qualifications for the		
Signature of Applicant	gre	Date	9/5/17		
If applicant is being nominated by an	nother person or group, the al	bove signature indic	ates consent to nomination.		
Is this application submitted by appo	ointing authority? Ye	es No			
Is this application submitted at the su	uggestion of appointing author	ority? Yes	No No		
Please return applic	ation to the Aitkin County 204 - 1st Street NW, A		Services office, located at		
For Office Use Only					
Date Appointed:	Date of Term Expiration:		Term #:		