



# 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

NAME: Joy A. Janzen  
 (First) (MI) (Last)

Address: 36208 Deer St Home Phone: 218-927-6119  
Aitkin, MN Business Phone: \_\_\_\_\_  
56431 Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: Retired

Email Address: janze003@umn.edu

### 1. Please state your reason for applying:

I have served on the ACHHS Committee for two terms and have learned so much about each department. I worked in Nutrition Ed. for Aitkin County Extension for 22 years. Served as Ch. for 2 yrs of ACHHS Committee.

### 2. What has been your past involvement with Public Health Services, Social Services, Financial Services, and other civic and community activities?

Worked in Public Health office with my nutrition program for five years. Member of Aitkin Lions Club for over 12 years, American Legion Auxiliary for over 25 yrs, Aitkin Co. Vet. Support Group over 15 years, member of St. John's Lutheran.

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 you able to attend at least 10 meetings per year?  Yes  No
5. Would you be willing to serve a one-year or a two-year term?  1-Year  2-Year

Signature of Applicant: Joy Janzen Date: 12-26-2017

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

**RECEIVED**

**DEC 26 2017**

**Aitkin County H & HS**

# 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: Joy Janzen

STREET ADDRESS OF APPLICANT:  
36208 Deer St  
Aitkin, MN 56431

PHONE NUMBERS:  
 DAYS 218-927-6119  
 EVENINGS same

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)

I served for 22 years as Aitkin Co. Extension Educator and Nutrition Ed. Assist. for the University of MN. Ext. Served on the ACHHS Advisory Committee for 2-2 1/2 terms and during that time served as Vice Chn & Chn. Very active in my church, St. John's Lutheran, 15 years in Aitkin Lions serving on many events & offices, Aitkin American Legion Auxiliary for over 25 years, 10 yrs. with the Aitkin Co. Pension Full Support Group as organizer, served on Ext. Committee for Aitkin Co. organized 4-H Club and Homeowner group in Aitkin Co.

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

Joy Janzen  
 Signature of Applicant

12-26-2017  
 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 #: \_\_\_\_\_