



# 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: CAROLE A HOLTEN  
 (First) (MI) (Last)

Address: 48263 241<sup>ST</sup> Place Home Phone: 218-426 3627  
McGregor Business Phone: —  
MN. 55760 Cell Phone: 218 820-5155

Employer: Retired Occupation: —

Email Address: vatlake89@frontier.com

1. Please state your reason for applying:

*Interest in keeping seniors in home longer.  
 Interest in child welfare. would like to know how I could be involved.  
 Overall interest in Human Services.*

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

*Past Board member ANGELS  
 Past Township Clerk  
 volunteer work @ McGregor School*

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: Carole Holten Date: \_\_\_\_\_

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

# 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: CAROLE HOLTEN

STREET ADDRESS OF APPLICANT:

48263 241<sup>ST</sup> Place

McGregor MN 55760

PHONE NUMBERS: 218426 3627

DAYS X

EVENINGS X

AITKIN COUNTY COMMISSIONER DISTRICT 4

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

Carole Holten  
Signature of Applicant

12/6/17  
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 #: \_\_\_\_\_