



# 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: Joell L Miranda  
(First) (MI) (Last)

Address: 67806 US Hwy 169 Home Phone: \_\_\_\_\_  
PO Box 253 Business Phone: \_\_\_\_\_  
Hill City 55748 Cell Phone: 218-259-6026

Employer: Home Depot Occupation: MET-merchandise execution tear  
Email Address: Heyjo167@gmail.com

1. Please state your reason for applying:

To help keep Hill City area community members informed about HHS programs and information that might improve their lives.

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

One of my roles as a Hill City School Board member is to oversee the School & Community Health Meetings. I feel this ties in perfectly with the HHS advisory committee meetings as I bring information from the advisory meetings to my S&C Health meetings to inform my fellow community members.

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: *Joell Miranda* Date: 12-9-18

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: Joell L. Miranda

STREET ADDRESS OF APPLICANT:

67806 US Hwy 169/PO Box 253

Hill City MN 55748

PHONE NUMBERS:

DAYS

218-259-6026

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)

Hill City School Board - 2nd term starting in 2019  
Aitkin County HHS Advisory Committee - seeking 2nd 2 year term  
One of my roles as a Hill City School Board member is to oversee the School & Community Health Meetings. I feel this ties in perfectly with the HHS advisory committee meetings as I bring information from the advisory meetings to my S&C Health meetings to inform my fellow community members.

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

Joell L. Miranda

Signature of Applicant

12/9/18

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