



Board of County Commissioners Agenda Request

2N

Agenda Item #

Requested Meeting Date: 2-12-2019

Title of Item: HHS Advisory Member Approval

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	Action Requested: <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
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Submitted by: Cynthia Bennett	Department: Health & Human Services
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Presenter (Name and Title): N/A	Estimated Time Needed: N/A
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Summary of Issue:

Jill Godfrey has applied to fill an open position on the HHS Advisory Committee for District 1.

Alternatives, Options, Effects on Others/Comments:

Recommended Action/Motion:

We are asking that the Board approve the Appointment of Jill Godfrey to the HHS Advisory Committee, representing District 1.

Financial Impact:

Is there a cost associated with this request? Yes No

What is the total cost, with tax and shipping? \$

Is this budgeted? Yes No *Please Explain:*

**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: Jill Godfrey

STREET ADDRESS OF APPLICANT:
[REDACTED]
[REDACTED]

PHONE NUMBERS:
DAYS [REDACTED]
EVENINGS [REDACTED]

AITKIN COUNTY COMMISSIONER DISTRICT 1

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 am interested in serving on the Aitkin County Health and Human Services Advisory Committee so that I can stay active and knowledgeable about programs which directly impact our residents. As an employee of Northern Pines Mental Health, I am responsible for coordinating mental health and chemical health services for individuals in all age groups. As a member of the advisory committee, I will be able to learn about community resources and make educated referrals for the individuals and families we serve.

I am an active volunteer with Ruby's Pantry and have volunteered for the Aitkin Moose Lodge.

Education: Anoka Technical College, Health Unit Coordinator

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

Jill Godfrey
Digitally signed by Jill Godfrey
Date: 2019.02.01 13:55:48 -06'00'

02/01/2019
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 #: _____



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: Jill A Godfrey
 (First) (MI) (Last)

Address: [Redacted] Home Phone: [Redacted]
 [Redacted] Business Phone: [Redacted]
 [Redacted] Cell Phone: [Redacted]

Employer: [Redacted] Occupation: [Redacted]

Email Address: [Redacted]

1. Please state your reason for applying:

I feel that it is imperative that community members stay active and knowledgeable about programs which directly impact our county. The Advisory Committee is an excellent opportunity to become engaged in human services to learn about programs and make recommendations from a citizen perspective. Through participation in the committee, I will be able to provide accurate information and referral sources to community members seeking services.

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

I currently work for [Redacted] where I am responsible for coordinating mental health services and chemical health services for individuals ages 0-100. My previous experience is in the healthcare field. My volunteer experience includes fundraising efforts for the Aitkin Moose Lodge and helping with Ruby's Pantry through my church.

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: Jill Godfrey

Digitally signed by Jill Godfrey
Date: 2019.02.01 13:47:22 -06'00'

Date: 02/01/2019

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

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