

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: Terri Mathis

STREET ADDRESS OF APPLICANT:

40800 430th Ave

Aitkin, MN 56431

PHONE NUMBERS:

DAYS (218) 429-1078

EVENINGS (218) 429-1078

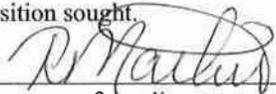
AITKIN COUNTY COMMISSIONER DISTRICT 5

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)

I am currently the Assistant Director/Interim Executive Director of Aitkin County CARE, Inc. My work includes but is not limited to: Caregiver counseling, client intake, client case management, staff supervision, payroll, grant reporting, finance management and billing. I also facilitate Aitkin's Memory Loss Caregiver Support group and teach Dementia Friend and caregiver classes.

I am a 2nd Lt in the USAF Civil Air Patrol and a retiree from a 20 year career in law enforcement (17 of those years in Aitkin County).

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



Signature of Applicant

03/19/2019

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 #: _____

