



# 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: Jennifer A Sheets  
 \_\_\_\_\_  
 (First) (MI) (Last)

Address: Jennifer Sheets Home Phone: 218-839-0357  
 \_\_\_\_\_  
 24917 310th Place Business Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 Aitkin MN 56431 Cell Phone: \_\_\_\_\_

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

Email Address: jennifersheets1@gmail.com

1. Please state your reason for applying:

As an Aitkin county resident, I seek to serve as an advisor of the Health and Human service needs of our community. As an advisor for Aitkin County, I intend to promote the health and wellbeing of the citizens through the operation and development of programs. Moreover, to support families in preservation efforts, education, self-sufficiency, and extension of the community.

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

I have held a previous position as secretary for the first response unit in the City of Emily, Minnesota, and volunteered as an Emergency Medical Technician. More recently, I served Crow Wing County and Luthern Social Services as a licensed therapeutic foster provider. My interests are supporting families, education of the children and families, and encouraging the growth of our community in embracing diversity and inclusion of all citizens.

3. Are you able to attend meetings during the day?  Yes  No

Currently meetings are held at 3:00pm 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:  Date: 06/04/2020

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: Jennifer A Sheets

STREET ADDRESS OF APPLICANT:

24917 310th Place

Aitkin Mn 56431

PHONE NUMBERS:

2188390357

DAYS \_\_\_\_\_

EVENINGS \_\_\_\_\_

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)

According to the Minnesota Statute 15.0597, this application dated June 6th, 2020 satisfies the legally prescribed qualifications in being considered as an advisor on this community. I currently hold an undergraduate degree in Counseling from Crow College, Saint Bonifacius, MN. Additionally, I am a current graduate student at Crown College obtaining a Master of Arts: Christian Counseling with an anticipated graduation date of May 2021

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

\_\_\_\_\_ 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 Aitkin County Health & Human Services C/O Shawn Speed,  
204 - 1st Street NW, Aitkin, MN 56431**

For Office Use Only

Date Appointed: \_\_\_\_\_

Date of Term Expiration: \_\_\_\_\_

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