



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: Michelle (Mikki) J Brodhead
(First) (MI) (Last)

Address: 31623 270th Pl Home Phone: 218-429-2652
Aitkin, MN 56431 Business Phone: 218-429-2652
Cell Phone: 218-429-2652

Employer: None Occupation: Semi-Retired

Email Address: _____

1. Please state your reason for applying:

I would be honored to represent the people of Aitkin County. I have a lot of experience and ideas to offer. At this time in my life I have the time to offer to the committee.

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

Foster care licensing desired. Past McGregor Chamber of Commerce President for 3 yrs. Past member of Aitkin Retail Committee. Volunteer @ community meal. Member of Aitkin Women of Today 5 years. Member of Kimberly Community Church

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: Michelle Brodhead Date: 7-15-2020

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

An Equal Opportunity Employer

**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: MICHELLE (MIKKI) Brodhead

STREET ADDRESS OF APPLICANT:
31623 270th Place
Aitkin, MN 56431

PHONE NUMBERS:
DAYS 218-429-2652
EVENINGS 218-429-2652

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)

*Lee township Chairman
Election Judge
Business Management A.A.S.
Worked @ Independent Age 11 yrs.
Over the road trucker 14 years
I am dedicated and motivated.
Organized*

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

Michelle Brodhead
Signature of Applicant

7-15-2020
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 #: _____