



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: Terri L Mathis
(First) (MI) (Last)

Address: 40800 430th Ave Home Phone: _____
Aitkin MN 56431 Business Phone: (218) 927-9996
Cell Phone: (218) 429-1078

Employer: Golden Horizons Occupation: Administrator
Email Address: Adminaithin@goldenhorizons.org

1. Please state your reason for applying:

To continue to contribute to the health & well-being of Aitkin County residents

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

2 years as Asst E.D. of Aitkin Co CARE
USAF-CAP
1 year as Administrator of Golden Horizons
17 year local L.E. 2 yrs on Committee already

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: [Signature] Date: 12.7.20

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:

Terri Mathis

STREET ADDRESS OF APPLICANT:

40800 430th Ave
Arthun MN 56431

PHONE NUMBERS:

DAYS (218) 429-1078

EVENINGS _____

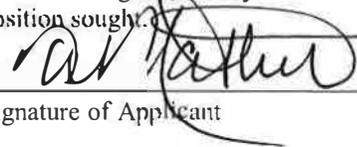
AITKIN COUNTY COMMISSIONER DISTRICT

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)

17 years local L.E. for Arthun County
USAF. CAP 1st Lt
2 years as Asst E.D. for Arthun City CARE
1 year as Administrator for Golden Horizons
2 yrs on ACHHS Adv. Committee
Arthun Legion Aux.

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

12.7.20

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 #: _____