



Health & Human Services Agenda Request

1D
Agenda Item #

Requested Meeting Date: January 24, 2023

Title of Item: Approval of Advisory Committee Appointment

<input checked="" type="checkbox"/> REGULAR AGENDA	Action Requested:	<input type="checkbox"/> Direction Requested	
<input type="checkbox"/> CONSENT AGENDA		<input checked="" type="checkbox"/> Approve/Deny Motion	<input type="checkbox"/> Discussion Item
<input type="checkbox"/> INFORMATION ONLY		<input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Hold Public Hearing*

Submitted by: Paula Arimborgo	Department: H&HS Administration
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Presenter (Name and Title): Sarah Pratt, H&HS Director	Estimated Time Needed: 5 min
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Summary of Issue:

Request the approval of new appointment to the Health & Human Services Advisory Committee as follows:
a. Tyler Ulseth, Commissioner District 1

Alternatives, Options, Effects on Others/Comments:

Recommended Action/Motion:

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:*



AITKIN COUNTY HEALTH & HUMAN SERVICES

204 First Street NW
Aitkin, MN 56431

Phone: 800-328-3744/218-927-7200
Fax: 218-927-7210

Advisory Committee Application Form

NAME: Tyler (First) J (MI) Ulseth (Last)

Address: 45613 350th St Home Phone: 6123902992
Aitkin MN 56431 Business Phone: 2184293904
Cell Phone: 6123902992

Employer: Riverwood Healthcare Center Occupation: Director of Finance
Email Address: tulseth@rwhealth.org

1. Please state your reason for applying:

I would like to increase my community involvement in a positive way and I think a natural fit, given my career, would be to serve in some capacity in Aitkin county health and human services.

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

I have very limited experience in local governance and public activities. That being said, I have been serving in the Air National Guard for the past 12 years for the state of Minnesota.

3. Are you able to attend meetings during the day? Yes No
Currently meetings are held at 3:00pm on the first Thursday 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? 1yr 2yr

Signature of Applicant: [Signature] Date: 12/26/2022

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

Aitkin County Health & Human Services Attention:
Paula Arimborgo
204 1st Street NW
Aitkin, MN 56431

or email to paula.arimborgo@co.aitkin.mn.us
Questions? Call: 218-927-7203 or 1-800-328-3744

"This institution is an equal opportunity provider."

**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: Tyler Ulseth

STREET ADDRESS OF APPLICANT:

45613 350th St

Aitkin MN 56431

PHONE NUMBERS:

DAYS (612) 390-2992

EVENINGS (612) 390-2992

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)

To whom it may concern,

My name is Tyler Ulseth and I am the Director of Finance and Riverwood Healthcare Center in Aitkin, MN. My family and I have lived in the Aitkin community for about four years now. I have a bachelor's degree in Accounting from University of Minnesota Duluth and I am currently enrolled in a Master's of Business Administration program through Minnesota State University, Mankato.

Public service is important to me as I have grown up seeing several members of my family participate in their own communities in various capacities. This is also exhibited by my continuing service in the Minnesota Air National Guard.

With my background, education, and experience I believe I could positively influence the Aitkin County Health and Human Services Advisory Committee.

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

12/26/2022
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 #: _____