



# Health & Human Services Agenda Request

1D  
Agenda Item #

**Requested Meeting Date:** June 27, 2023

**Title of Item:** Approval of Advisory Committee Appointment

- ☒ REGULAR AGENDA  
☐ CONSENT AGENDA  
☐ INFORMATION ONLY

**Action Requested:**

- ☒ Approve/Deny Motion  
☐ Adopt Resolution (attach draft)

☐ Direction Requested

☐ Discussion Item

☐ Hold Public Hearing\*

*\*provide copy of hearing notice that was published*

**Submitted by:**  
Paula Arimborgo

**Department:**  
H&HS Administration

**Presenter (Name and Title):**  
Sarah Pratt, H&HS Director

**Estimated Time Needed:**  
2-3 min

**Summary of Issue:**

Request the approval of new appointment to the Health & Human Services Advisory Committee as follows:

- a. Jennifer Marsh, Recipient of Services, Commissioner District 4

**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:*

# 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: Jessica A. Marsh

STREET ADDRESS OF APPLICANT:

19290-484th St.

McGregor, MN 55760

PHONE NUMBERS:

DAYS 763-381-7814

EVENINGS (same)

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)

working at Aitkin County - DAC - for disabled people.

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

\* Jessica Marsh  
Signature of Applicant

5/16/23  
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 #: \_\_\_\_\_



## 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: Jessica (First) A. (MI) MARSH (Last)

Address: 19290-484th St  
McGregor  
MN 55760

Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Employer: Aitkin County -DAC Occupation: Paulbeck's freezer dept.  
Email Address: marsh.blaine@aol.com

1. Please state your reason for applying:

To get involved with community needs <sup>for</sup> with people who have disabilities/special needs.

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

Community activities - in Aitkin County & in the cities just going to the activities.

3. Are you able to attend meetings during the day?

Currently meetings are held at 3:00pm on the first Thursday of each month.

Yes ☒ No ☐

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 ☐

x Signature of Applicant: Jessica Marsh

Date: 5/16/23

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](mailto:paula.arimborgo@co.aitkin.mn.us)  
Questions? Call: 218-927-7203 or 1-800-328-3744

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