



# Health & Human Services Agenda Request

1D  
Agenda Item #

**Requested Meeting Date:** December 23, 2024

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

<input checked="" type="checkbox"/> REGULAR AGENDA	<b>Action Requested:</b>	<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)	<input type="checkbox"/> Hold Public Hearing* <i>*provide copy of hearing notice that was published</i>

<b>Submitted by:</b> Paula Arimborgo	<b>Department:</b> H&HS
---	----------------------------

<b>Presenter (Name and Title):</b> Sarah Pratt, Director	<b>Estimated Time Needed:</b> 2 minutes
---	--

**Summary of Issue:**

Approval of Re-appointments of current members and approval of new member appointment to Health & Human Services Advisory Committee as follows:

Re-appointments:

- a) Marcia Anderson, Commissioner District 3
- b) Patrick Blunt, Commissioner District 5

New appointment:

- a) Jodie Johnson, Commissioner District 2

**Alternatives, Options, Effects on Others/Comments:**

**Recommended Action/Motion:**

Recommend approval of re-appointments and one new appointment to H&HS Advisory Committee.

**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: Jodie Johnson

STREET ADDRESS OF APPLICANT:

44072 Tame Fish Lake Road

Aitkin, MN 56431

PHONE NUMBERS:

DAYS 218.821.0545

EVENINGS 218.821.0545

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)

I have served the Aitkin community in many volunteer capacities. I have been a member of the Aitkin/Minnesota Women of Today for 40 years, and served as State President in 2000-2001. In this timeframe we have always had promoted health and well being for women and children. I have been an Aitkin Chamber member for 41 years and served on the board for 3 terms, bringing programs to our community. I served on the Riverwood Healthcare Foundation board for over 10 years, and was appointed as Riverwood Foundation Director for 3 years seeing our second biggest campaign (at that time) to expand our local hospital facilities. My husband and I partnered with the Riverwood Foundation board and set up the Zachary Johnson Kids with Cancer Fund in 1993. At the time our 6 month old son was going through cancer treatment. We gift children in our surrounding area, that are going through cancer or a life threatening illness with a \$3000 gift of money to help with their cancer journey. Along with Zachary's cancer, he also has Down Syndrome, so since he has been born we have tried to do education to our children and adults in the community about using the "R" word and accepting people who look, act and live differently. I recently retired after owning The Office Shop for 41 years and want to find a way to continue to serve our community in a capacity that will bring better health, well-being and life skills to our community.  
Thank you,

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

Jodie Johnson  
Signature of Applicant

11-20-2024  
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: Jodie (First) R (MI) Johnson (Last)

Address: 44072 Tame Fish Lake Road  
Aitkin, MN 56431

Home Phone: 218.821.0545  
Business Phone: \_\_\_\_\_  
Cell Phone: 218.821.0545

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

Occupation: Retired

Email Address: \_\_\_\_\_

1. Please state your reason for applying:

*See application for service*

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

*See application for service*

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

Signature of Applicant: *Jodie R Johnson* Date: 11-20-2024

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@aitkincountymn.gov](mailto:paula.arimborgo@aitkincountymn.gov)  
Questions? Call: 218-927-7203 or 1-800-328-3744

"This institution is an equal opportunity provider."