



Board of County Commissioners Agenda Request

2K
Agenda Item #

Requested Meeting Date: August 26, 2025

Title of Item: Approval of Advisory Committee Appointee

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA	Action Requested: <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <input type="checkbox"/> Hold Public Hearing <i>*provide copy of hearing notice that was published</i> <input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Information Only	
Submitted by: Paula Arimborgo		Department: H&HS Administration
Presenter (Name and Title): N/A		Estimated Time Needed: N/A
Summary of Issue: Approval of new member appointment to Health & Human Services Advisory Committee as follows: Liz Short, Commissioner District 4		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: Recommend approval of Liz Short to the Health & Human Services Advisory Committee		
Financial Impact: <i>Is there a cost associated with this request?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

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: **Elizabeth Tillotson-Short**

STREET ADDRESS OF APPLICANT:

41643 244th Place

McGregor MN 55760

PHONE NUMBERS:

DAYS **(612) 991-3116**

EVENINGS _____

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)

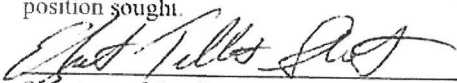
I would like to submit my application for consideration to serve on the Health and Human Services (HHS) Advisory Committee. After 10 years of service as a Public Health Nurse for Aitkin County I retired in January of 2025. I would like to continue to serve the community of Aitkin County in any capacity that I can, bringing my relevant experience to the table.

My past work experience includes 25 years in private industry in various roles such as operations, customer service, sales management and executive management. My last 10 years of employment at Aitkin County HHS as a Public Health Nurse required collaboration with all departments at HHS to ensure timely delivery of services to the community in a fiscally responsible manner.

I appreciate your consideration of my application.

Liz Short, PHN

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

08/12/2025

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 #: _____



HEALTH & HUMAN SERVICES

Aitkin County
204 1st Street NW
Aitkin, MN 56431

Phone: 218-927-7200
Toll Free: 800-328-3744
Fax: 218-927-7210

Advisory Committee Application Form

NAME: Elizabeth _____ Tillotson-Short _____
(First) (MI) (Last)

Address: 41643 244th Place _____ Home Phone: 612-991-3116
McGregor MN 55760 _____
Business Phone: _____
Cell Phone: _____

Employer: N/A _____ Occupation: Retired _____
Email Address: Lizshort471@gmail.com _____

1. Please state your reason for applying:

After 10 years of service as a Public Health Nurse for Aitkin County I retired in January of 2025. I would like to continue to serve the community of Aitkin County in any capacity that utilizes my experience in Health and Human Services (HHS).

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

My last 10 years of employment at Aitkin County HHS as a Public Health Nurse required collaboration with all departments to ensure timely delivery of services in a fiscally responsible manner. My civic role includes serving as the Treasurer for Jevne Township in District 4. I also serve in a volunteer capacity for the local food shelf in McGregor.

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: _____

Date: 08/13/25

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
Questions? Call: 218-927-7203 or 1-800-328-3744

This institution is an equal opportunity provider.