



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: _____
(First) (MI) (Last)

Address: _____

Home Phone: _____
Business Phone: _____
Cell Phone: _____

Employer: _____
Email Address: _____

Occupation: _____

1. Please state your reason for applying:

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

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: _____

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

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