



## HEALTH & HUMAN SERVICES

Aitkin County  
204 1<sup>st</sup> 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 1<sup>st</sup> 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

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