



Aitkin County Health & Human Services

204 FIRST STREET NW
AITKIN, MINNESOTA 56431-1291
PHONE 1-800-328-3744 or 1-218-927-7200
FAX # 1-218-927-7210

Advisory Committee Application Form

NAME: KEVIN E INSLEY
(First) (MI) (Last)

Address: 230 1ST AVENUE #301 Home Phone: _____
AITKIN, MN 56431 Business Phone: _____
Cell Phone: 218-330-9286

Employer: _____ Occupation: _____
Email Address: KEVIN.INSLEY@GMAIL.COM

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?

I have been on the Aitkin County H&H Service committee for 2 yrs I have learn a lot about HEALTH & HUMAN SERVICES

3. Are you able to attend meetings during the day? Yes No

Currently meetings are held at 3:30pm on the first Wednesday 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? 1-Year 2-Year

Signature of Applicant: KEVIN INSLEY Date: 12-26-18

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

RECEIVED

DEC 26 2018

Aitkin County H & HS

Aitkin County Health & Human Services Attention:
Shawn Speed
204 - 1st Street NW
Aitkin, MN 56431

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

**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: Kevin Insley

STREET ADDRESS OF APPLICANT:
230 1st AVE NE #301
Aitkin, MN 56431

PHONE NUMBERS:
DAYS 218-330-9286
EVENINGS _____

AITKIN COUNTY COMMISSIONER DISTRICT _____

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

KE Insley
Signature of Applicant

12-26-18
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 #: _____