



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: penny r olson

(First) (MI) (Last)

Address: 304 Kirsch Ave NE Home Phone: (218) 768-4501

Business Phone: _____
McGregor MN 55760 Cell Phone: (218) 670-0076

Employer: East Central Regional Library Occupation: Librarian
Email Address: polson@ecrlib.org

1. Please state your reason for applying:

I would like to continue being a member of the Advisory Committee because I feel the County is moving into some exciting opportunities with the upcoming programs I have heard about. I would like to become actively involved in their promotion and implementation.

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

I am the legal guardian for my brother. I have worked with St. Louis and Aitkin County for many years.

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: Penny Olson Date: 12-5-2018

PLEASE COMPLETE AND SUBMIT THIS
APPLICATION TO:

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: Penny R. Olson

STREET ADDRESS OF APPLICANT:

304 Kirsch Ave NE

McGregor, MN 55760

PHONE NUMBERS:

DAYS (218) 670-0076

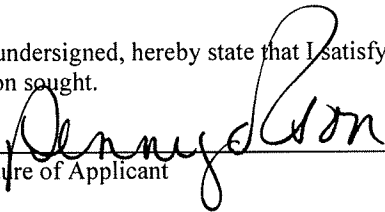
EVENINGS (218) 768-4501

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 am currently reaching the end of a two year term with the Advisory Committee. I have learned so much about our State and County.
This information has helped me in my many jobs and personal life.
I am Branch Librarian for the McGregor Area Public Library. I am a McGregor Area Ambulance EMT.
I am a McGregor Fire Department Fire Fighter.
I am the legal guardian for my brother. He has schizophrenia and lives in a group home in St. Louis County.
I interact with the public in many areas and being a member of the committee has given me the knowledge to help others.
It is an honor to be on the Aitkin County Health & Human Services Advisory Committee.

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

12-5-18
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 #: _____