



# 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: JOEL IK HOPPE  
(First) (MI) (Last)

Address: 30136 KESTREL AVE Home Phone: 763-2337  
MCGREGORY MN Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Employer: UC Occupation: COOK

Email Address: joehoppe@frontier.net

1. Please state your reason for applying:

interest in healthcare and helping my community

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

HAVE BEEN ATTENDING HHS AC MEETINGS FOR 6 YEARS  
SECTION COOS (STATE) AND RADC. TREASURER OF  
PAINA W. DFL CENTRAL COMM. NITE. VICE CHAIR OF PFL CLUB

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: JOE HOPPE Date: JAN 8 2019

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:

HEALTH & HUMAN SERVICES ADVISORY COMMITTEE

AITKIN COUNTY COMMISSIONER DISTRICT 3

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 HAVE ATTENDED ALMOST ALL OF THE HHSA MEETINGS FOR THE PAST SIX YEARS. I CURRENTLY HOLD A SEAT ON THE ARDC. I HAVE ALSO HAD A SEAT ON THE COMPETITIVE QUALITY STRATEGY (CQS) IN ST. PAUL SINCE ITS BEGINNING. I HAVE A BA IN ENGLISH FROM UMD, GRADUATED MAJOR CUM LAUDE. I AM VICE CHAIR OF THE AITKIN COUNTY DFL CLUB AND TREASURER OF THE AITKIN COUNTY DFL CENTRAL COMMITTEE. I WORK AT LLCC - ALTHOUGH I DON'T KNOW MY SCHEDULE AHEAD OF TIME, BOB MARCHEL HAS AGREED TO ATTEND ANY MEETINGS I AM UNABLE TO ATTEND.

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

JOEL K. HOPPE  
Signature of Applicant

JAN 8, 2019  
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 Administrator's office, located at  
217 2<sup>nd</sup> Street NW – Room 130, Aitkin, MN 56431**

NAME OF APPLICANT: JOEL K. HOPPE

STREET ADDRESS OF APPLICANT:  
36136 KESTREL AVENUE  
MCGREGOR, MN 55760

PHONE NUMBERS:  
DAYS (218) 768-2337  
EVENINGS \_\_\_\_\_

For Office Use Only

Date Appointed: \_\_\_\_\_

Date of Term Expiration: \_\_\_\_\_

Term #: \_\_\_\_\_