



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: Carole A HOLTEN
 (First) (MI) (Last)

Address: 48263 24th Place Home Phone: 218-426-3627
McGregor Business Phone: -
MN. 55760 Cell Phone: 218 820 3577

Employer: - Occupation: Retired

Email Address: ratlake89@frontier.com

1. Please state your reason for applying:

Need to know and be involved in organizations in Aitkin County - children as well as seniors

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

Current Pres. of ANGELS, Mcgregor Lions, Mn. Special Olympics (Areas) Township Clerk, vol. Mcgregor School, Grace Church, Aitkin Co. Township Association.

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: Carole Holten Date: 11/8/2020

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: Carole A. Holten

STREET ADDRESS OF APPLICANT:

48263 241ST Place
McGregor Mn 55760

PHONE NUMBERS:

DAYS 218-426-3627
EVENINGS 2184263627

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.

Carole A. Holten
Signature of Applicant

1/8/2020
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 #: _____