

AITKIN COUNTY HEALTH & HUMAN SERVICES
Advisory Committee
Application Form

NAME: JOELL L MIRANDA
(First) (MI) (Last)

ADDRESS: 67806 US HWY 169 HOME PHONE: _____
PO BOX 253
HILL CITY MN 55744 BUSINESS PHONE: _____
CELL PHONE: 218/259-6026

E-MAIL ADDRESS: HEYJO167@GMAIL.COM

EMPLOYER: SELF OCCUPATION: SALES

EMPLOYER ADDRESS: _____

1. Please state your reason for applying: I AM HEAVILY INVOLVED WITH THE COMMUNITY AT A LOCAL LEVEL + WOULD LIKE TO EXPAND TO A COUNTY LEVEL ALSO.
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: I AM VERY COMMITTED TO MY COMMUNITY AS A VOLUNTEER + ALSO SCHOOL BOARD CLERK.
3. Are you able to attend meetings during the day? Yes No
Currently this committee meets at 3:30 p.m. on the first Wednesday of each month.
4. Are you able to attend at least 10 meetings each year? Yes No
5. Would you be willing to serve a one-year or two-year term?
 One-year Two-year

Signature of Applicant: Joell L Miranda Date: 1-20-17

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:
Aitkin County Health & Human Services
Attention: Julie
204 - 1st Street NW
Aitkin, MN 56431

Questions? Call: 218-927-7200 or 1-800-328-3744

RECEIVED
JAN 25 2017
Aitkin County H & HS

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: JOEL L. MILANDA

STREET ADDRESS OF APPLICANT:

67806 US Hwy 169/PO Box 253
Hill City MN 55748

PHONE NUMBERS:

DAYS 218/259-6026
EVENINGS SAME

AITKIN COUNTY COMMISSIONER DISTRICT 5

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 VERY INVOLVED WITH MY COMMUNITY AS A VOLUNTEER
AND ALSO THE HILL CITY SCHOOL BOARD CLERK. I CURRENTLY
HOLD THE POSITION OF PTO PRESIDENT IN HILL CITY AND SIT
ON THE HILL CITY SCHOOL + COMMUNITY HONOR COMMITTEES.
OTHER GROUPS, ORGANIZATIONS + EVENTS I AM + HAVE BEEN
INVOLVED WITH ARE - Hill City Chamber, H.C. ARCHERY CLUB,
FARM 2 SCHOOL, GIRL CAMP, H.C. BIKES RODEO, H.C. HUSTLE FOR
HUNGER 5K + MANY OTHER EVENTS IN + AROUND HILL CITY.

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

Joel L. Milanda
Signature of Applicant

1-20-17
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

Aitkin County H & HS

JAN 25 2017

RECEIVED

For Office Use Only

Date Appointed: _____ Date of Term Expiration: _____ Term #: _____