

## MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin-Itasca-Koochiching Community Health Board

AITKIN COUNTY COMMISSIONER DISTRICT 1

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 was employed by Aitkin County as a Public Health Nurse with the Aitkin County Public Health Department first as a staff Public Health Nurse and then as director of the Public Health Department. I am currently retired as a small business owner in downtown Aitkin. During my retirement I have volunteered on various local non-profit boards/committees. I am currently a member of the Housing & Redevelopment Authority of Aitkin Co. Board of Directors

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

Ihleen E. Williams

Signature of Applicant

11-10-17

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 X

Is this application submitted at the suggestion of appointing authority? Yes \_\_\_\_\_ No X

**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: Ihleen E. Williams

STREET ADDRESS OF APPLICANT:

36987 US Hwy 169  
Aitkin, Mn 56431

PHONE NUMBERS:

DAYS 218-927-3966  
EVENINGS 218-927-3966

For Office Use Only

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

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

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

ATTN SHAWN SPEED

MINNESOTA OPEN APPOINTMENT ACT
APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

AITKIN - ITASCA - KOOSKICHING Community Health Board

AITKIN COUNTY COMMISSIONER DISTRICT

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Minnesota Statutes 15.0507, 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)

- BA IN ENGLISH FROM UMD • GRADUATED MAGNA CUM LAUDE
• I HAVE HAD A SEAT ON THE COMPREHENSIVE QUALITY STRATEGY (CQS) COMMITTEE IN ST. PAUL SINCE ITS INCEPTION. THIS COMMITTEE IS PRIMARILY CONCERNED WITH IMPROVING THE QUALITY OF HEALTH CARE FOR MEDICAID RECIPIENTS. OUR THREE PART AIM IS TO IMPROVE THE HEALTH OF THE MEDICAID POPULATION, TO IMPROVE THE RECIPIENTS' HEALTH CARE EXPERIENCE, AND TO CURTAIL COSTS.
• I AM VICE CHAIR OF THE AITKIN COUNTY DFL CLUBS
• I AM DEPUTY TREASURER OF THE AITKIN COUNTY DFL CENTRAL COMMITTEE
• I AM A MEMBER OF THE ARDC

I ATTEND THE FOLLOWING MEETINGS:

- MEDICAID CITIZENS' ADVISORY COMMITTEE - ST. PAUL
• AITKIN COUNTY HEALTH & HUMAN SERVICES CITIZENS' ADVISORY COMMITTEE
• BLANDIN GRANT STEERING COMMITTEE FOR BROADBAND IN AITKIN COUNTY

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

NOV 16, 2017

Signature of Applicant

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 2nd Street NW - Room 130, Aitkin, MN 56431

NAME OF APPLICANT: JOEL K. HOPPE

STREET ADDRESS OF APPLICANT:

26126 KESTER AVENUE
MCGREGOR, MN 55760

PHONE NUMBERS:

DAYS (218) 768-2337
EVENINGS 11

For Office Use Only

Date Appointed:

Date of Term Expiration:

Term #: