



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: CHERI m DANIELSON
(First) (MI) (Last)

Address: 18206 250th PL Home Phone: _____
M^cGRATH, MN 56350 Business Phone: _____
Cell Phone: 320-674-0602

Employer: _____ Occupation: Retired Pastor
Email Address: cheridanielson@dflytech.com

1. Please state your reason for applying:

I would like to serve my community and county, and this is an area in which I am interested, and in which I have had some small experience through the years.

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

As a parish pastor for 25 years and a hospital/nursing home/in-patient adolescent treatment chaplain for 2 years, I have had opportunity to understand needs & services from both sides of the equation. I've also worked with various organizations (food shelf, domestic abuse, etc) in various places in which I have served.

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: Cheri Danielson Date: 1-9-19

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: CHERI DANIELSON

STREET ADDRESS OF APPLICANT:

18206 250th PL
M^cGRATH, MN 56350

PHONE NUMBERS:

DAYS 320-674-0602
EVENINGS same

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 served as a parish pastor for 25 years and a chaplain for 3 years (in a hospital/nursing home/adolescent in-patient treatment facility); I have a Master of Divinity degree & 5 quarters of CPE.* My undergraduate degree has a Marriage & Family Therapy emphasis.
I've served with various organizations through the years (food shelf, domestic abuse, etc.) in the places I've lived and worked.
*(Clinical Pastoral Education - hospital chaplaincy training)

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

Cheri Danielson
Signature of Applicant

1-9-19
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 #: _____