

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

Application Form				
NAME: Lynne	L	Jacobs		
(First)	(MI)	(Last)		
Address: P.O. Box 212		Home Phone: (218) 820-8790		
,	•	Business Phone: (218) 927-1383		
Aitkin MN 56431		Cell Phone: (218) 820-8790		
Employer: Aitkin County CARE, Inc.		Occupation: Executive Director		
Email Address: aitkincountycare@gmail	.com			
Services, and other civic and community Our agency provides elderly waivered ser	activiti rvice to	Public Health Services, Social Services, Financial ties? o older and disabled adults. In addition, have d -19 dissemination of information and best		
3. Are you able to attend meetings durin	g the da	lay? •Yes No		
Currently meetings are held at 3:00pr	n on the	ne first Wednesday of each month.		
4. Are you able to attend at least 10 mee	tings pe	er year? • Yes No		
5. Would you be willing to serve a one-y	year or a	a two-year term? 1-Year 2-Year		
Signature of Applicant	Ja	Date: 08/25/2020		

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

An Equal Opportunity Employer

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 A	dvisory Committee	
NAME OF APPLICANT: Lynne Jacobs		
STREET ADDRESS OF APPLICANT:	PHONE NUMBERS:	
PO Box 212	$_{\rm DAYS}$ (2	18) 927-1383
Aitkin, MN 56431	evenings (2	18) 820-8790
AITKIN COUNTY COMMISSIONER DISTRICT		
Minnesota Statues 15.0597, state that the application shall include a "staqualifications and any other information the nominating person feels be community service experience, or education that would be pertinent to t	helpful to the appointing authorit	any legally prescribed y." (May include employment,
Aitkin County CARE, Inc. (CARE) is a nonprofit or consolidating and streamlining services provided to o Minnesota. In 2012, CARE began managing the resp was previously under the fiscal responsibility of the constant.	lder and disabled adults in ite program for Aitkin Co	ı Aitkin County,
These continued efforts to service Aitkin County residemographics grow older. This collaboration is anoth		
My committee involvements also include: Aitkin Cou Meal committee, Salavation Army, and Homeless Coa		nent, Aitkin Community
Please consider my application as a partner in servicir look forward to building even stronger relationships.	ng disabled and older adu	lts in Aitkin County. I
t, the undersigned, hereby state that I satisfy, to the best of my kroosition sought.	nowledge, all legally prescribe	d qualifications for the
Typne Jacobs	Date 0	8/25/2020
f applicant is being nominated by another person or group, the a		
		nt to nomination.
	es No V	
s this application submitted at the suggestion of appointing authors	ority? Yes	No
Please return application to Aitkin County He 204 - 1st Street NW, A		Shawn Speed,
or Office Use Only		
Date Appointed: Date of Term Expiration		Term #·