



**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: Lynne Jacobs

STREET ADDRESS OF APPLICANT:

PO Box 212

Aitkin, MN 56431

PHONE NUMBERS:

DAYS (218) 927-1383

EVENINGS (218) 820-8790

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)

Aitkin County CARE , Inc. (CARE) is a nonprofit organization formed in 2010 with the intention of consolidating and streamlining services provided to older and disabled adults in Aitkin County, Minnesota. In 2012, CARE began managing the respite program for Aitkin County residents which was previously under the fiscal responsibility of the county.

These continued efforts to service Aitkin County residents are important especially as our county demographics grow older. This collaboration is another way to provide the best services.

My committee involvements also include: Aitkin County Economic Development, Aitkin Community Meal committee, Salvation Army, and Homeless Coalition.

Please consider my application as a partner in servicing disabled and older adults in Aitkin County. I look forward to building even stronger relationships.

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

  
Signature of Applicant

08/25/2020

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 Aitkin County Health & Human Services C/O Shawn Speed,  
204 - 1st Street NW, Aitkin, MN 56431**

For Office Use Only

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

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

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