



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: Penny R Olson
(First) (MI) (Last)

Address: 304 Kirsch Ave NE Home Phone: (218) 768-4501
Business Phone:
McGregor MN 55760 Cell Phone: (218) 392-0907

Employer: McGregor Area Ambulance Occupation: EMT

Email Address: prolson19@yahoo.com

1. Please state your reason for applying:

I believe that I am a positive advocate for Aitkin County Health & Human Services.

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

I have been a member of the Advisory Committee for nearly four years. I am also the guardian for my 52 year old brother and have worked with the county in many ways; housing, finances, and job search. My brothers case worker(s) have been wonderful to work with and address any and all concerns I have. Aitkin County Health and Human Services is under good leadership and each meeting is informative and educational. It is an honor to be on the Committee.

3. Are you able to attend meetings during the day? Yes No
Currently meetings are held at 3:00pm 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: *Penny Olson* Date: 12/12/2020

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

**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: Penny Olson

STREET ADDRESS OF APPLICANT:

304 Kirsch Ave NE

McGregor, MN 55760

PHONE NUMBERS:

DAYS (218) 768-4501

EVENINGS (218) 768-4501

AITKIN COUNTY COMMISSIONER DISTRICT _____

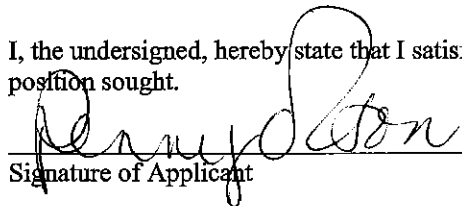
Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

*Recently retired (12/31/20) after 33 years as Branch Librarian in McGregor.
*Currently an Emergency Medical Technician (EMT) with the McGregor Area Ambulance.
*Currently a Fire Fighter with the McGregor Fire Department.
*Lifetime member of the VFW Post 2747 Auxillary in McGregor.
*Past Mayor for the City of McGregor. Also, past Council - Clerk/Treasurer.

I continue to be in touch with my community and have been approached in the past with questions or concerns from residents and have been able to answer their questions or find them the person that can.

I would like to continue as a member of the Aitkin County Health and Human Services Advisory Committee.

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

12/12/2020

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 #: _____