



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: Kevin E Epsley
 (First) (MI) (Last)

Address: 230 1st AVE NE #301 Home Phone: _____
Aitkin, MN Business Phone: _____
56431 Cell Phone: 218 330 9286

Employer: _____ Occupation: _____
 Email Address: Kevin.Epsley@gmail.com

1. Please state your reason for applying:

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

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: Kevin Epsley Date: 12-11-2020

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

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DEC 14 2020

Aitkin County H & HS

**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:

Kevin Ipsley

STREET ADDRESS OF APPLICANT:

2301ST AVE NE #301

Aitkin, MN 56431

PHONE NUMBERS:

DAYS 218-330 9286

EVENINGS _____

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

Kevin Ipsley
Signature of Applicant

12/11/2020
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 #: _____