

# 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: Joel K. Hoppe

STREET ADDRESS OF APPLICANT:

PHONE NUMBERS:

30120 KESUZEL AVENUE

DAYS 218 768-2337

MCGREGOR, MN 55700

EVENINGS " "

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 am applying to serve a second term.

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

Joel K. Hoppe  
Signature of Applicant

12-15-20  
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 #: \_\_\_\_\_



# 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: JOEL K HOPPE  
(First) (MI) (Last)

Address: 36136 KESTREL AVENUE Home Phone: 218 748-2337  
MCGREGOR, MN 55766 Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Employer: AITKIN COUNTY Occupation: FOOD SERVICE DIRECTOR  
Email Address: joelhoppe@fronternet.net

1. Please state your reason for applying:

I would like to serve a second term.

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

I AM A MEMBER OF THE AIZDC COMMISSION  
I HAVE SERVED ON THE CQS IN ST. PAUL  
I HAVE SERVED ON THIS BOARD. I AM TREASURER OF THE  
AITKIN COUNTY NPL. I AM VICE CHAIR OF THE AITKIN COUNTY NPL CLUB.

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: JOEL K. HOPPE Date: 12-15-2020

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

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