



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: Joni L Olson
 (First) (MI) (Last)

Address: 286 Forest Ave SE Home Phone: (320) 266-3031
 PO Box 286 Business Phone:
 Hill City MN 55748 Cell Phone: (320) 266-3031

Employer: Occupation: Retired School Administrator
 Email Address: olsonjoni1@gmail.com

1. Please state your reason for applying:

I am interested in getting more involved in serving my community. I have resided in Hill City for three years, but have had property and spent a great deal of time in the area for approximately 17 years. My previous work with children and families leads me to the Health and Human Services Advisory Committee. I have a strong interest in meeting the needs of children and families.

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

Prior to my retirement in 2019, I served on numerous multi-agency committees and organizations. These have been located in Mille Lacs, Stearns and Itasca counties. During the years that I was a Child Protection Worker, I worked closely with staff from Public Health and Financial Services each day. I am familiar with DHS regulations and the mission of the Human Service Agency.

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: Joni Olson Date: 12/09/2020

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 Advisory Committee

NAME OF APPLICANT: Joni Olson

STREET ADDRESS OF APPLICANT:

286 Forest Ave SE PO Box 286
Hill City MN 55748

PHONE NUMBERS:

DAYS (320) 266-3031

EVENINGS (320) 266-3031

AITKIN COUNTY COMMISSIONER DISTRICT 5

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 started my career as a county Social Worker in neighboring Mille Lacs County, then worked as a School Social Worker before working as a school and school district administrator. I hold valid licensure in Minnesota as a licensed social worker, school social worker, elementary school principal and superintendent.

When I worked as a School Social Worker, I served on multiple Mille Lacs County committees such as the Family Services Collaborative, Local Coordinating Council for Children's Mental Health, Local Advisory Committee and Child Protection Team.

As a school and school district administrator, I worked in partnership with local agencies to meet the needs of students and their families. The schools I served had significant populations of students from diverse backgrounds and many families living in poverty. I served on multiple committees and had involvement in grant writing and grant administration for projects that provided additional supports for students with special needs, families living in poverty, students with social/emotional or mental health concerns and those experiencing academic challenges.

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

Joni Olson
Signature of Applicant

12/09/2020
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 #: _____