



Board of County Commissioners Agenda Request

2Z
Agenda Item #

Requested Meeting Date: February 24, 2026

Title of Item: Approval of New Health & Human Services Advisory Committee Appointments

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA	Action Requested: <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <input type="checkbox"/> Hold Public Hearing <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Information Only
Submitted by: Paula Arimborgo		Department: H&HS Administration
Presenter (Name and Title):		Estimated Time Needed:
Summary of Issue: Seeking approval for new appointments to the Health & Human Services Advisory Committee (Committee Established pursuant to Minn. Stat. § 402.03) as follows: Amanda Voller - District 2 - 2 year term (2026-2027) Mary Koolmo - District 4 - 2 year term (2026-2027) Nicole Ulrich - District 3 - 1 year term (2026)		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: Recommend approval of new appointments to H&HS Advisory Committee		
Financial Impact: <i>Is there a cost associated with this request?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		



HEALTH & HUMAN SERVICES

Aitkin County
204 1st Street NW
Aitkin, MN 56431

Phone: 218-927-7200
Toll Free: 800-328-3744
Fax: 218-927-7210

Advisory Committee Application Form

NAME: Amanda M Voller
(First) (MI) (Last)

Address: 30881 US Hwy 169 Home Phone: _____
Aitkin, MN 56431 Business Phone: 218-735-6120
Cell Phone: 218-330-5636

Employer: _____ Occupation: Career Counselor
Email Address: _____

1. Please state your reason for applying:

I view this opportunity as a way to continue serving our community by deepening my understanding of the services offered, particularly as they have evolved over the past decade since I last participated on the committee. I am committed to staying informed and collaborative so that I can better support the individuals and families we serve.

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

Approval of New Health & Human Services Advisory Committee Appointments

- 3. Are you able to attend meetings during the day? Yes No
Currently meetings are held at 3:00pm on the first Thursday 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? 1yr 2yr

Signature of Applicant: Amanda Voller Date: 02/12/2026

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

Aitkin County Health & Human Services Attention:
Paula Arimborgo
204 1st Street NW
Aitkin, MN 56431

Or email to paula.arimborgo@aitkincountymn.gov
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: Amanda Voller

STREET ADDRESS OF APPLICANT:

30881 US Hwy 169

Aitkin, MN 56431

PHONE NUMBERS:

DAYS (218) 735-6120

EVENINGS (218) 330-5636

AITKIN COUNTY COMMISSIONER DISTRICT 2

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 a Career Counselor who has been serving individuals in our community, ages 14 and older, for the past 14 years. I have been employed with JET for 12 years and previously served on this committee early in my tenure. In my current role, I work closely with Aitkin County residents, as well as a wide range of community partners, service providers, and local organizations. I view this opportunity as a way to continue serving our community by deepening my understanding of the services offered, particularly as they have evolved over the past decade since I last participated on the committee. I am committed to staying informed and collaborative so that I can better support the individuals and families we serve. Additionally, I believe my involvement would help strengthen connections between JET, HHS, and other community partners. Through active participation and networking, I hope to increase awareness of available services and promote coordinated support for those in need. I approach this work with a servant mindset and remain open to listening, learning, and responding to the evolving needs of HHS and our community.

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

Amanda Voller

Signature of Applicant

02/12/2026

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 the Aitkin County Health & Human Services office, located at
204 - 1st Street NW, Aitkin, MN 56431**

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____



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Advisory Committee Application Form

NAME: Mary (First) B (MI) Koolmo (Last)

Address: 20229 485th St. Home Phone: _____
Mcgregor, MN 55760 Business Phone: _____
Cell Phone: (763) 568-3308

Employer: Noran Neurology Occupation: Clinical Nurse Supervisor
Email Address: maryreader65@gmail.com

1. Please state your reason for applying:

I understand there is an opening, and I believe my medical background positions me well to contribute meaningfully to this board.

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

As a nurse practitioner with Children's Minnesota Neurosurgery Department, I worked very closely with outside social service and public health services to ensure smooth discharge of patients back to their home communities following hospitalization. I also served as a board member and one year as the chairperson of the MN DHS Traumatic Brain Injury Advisory Committee from 8/2015 - 6/2021.

- 3. Are you able to attend meetings during the day? Yes No
Currently meetings are held at 3:00pm on the first Thursday 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? 1yr 2yr

Signature of Applicant: Mary B Koolmo, APRN, CNP Date: 2/12/2026

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

Aitkin County Health & Human Services Attention:
Paula Arimborgo
204 1st Street NW
Aitkin, MN 56431

Or email to paula.arimborgo@aitkincountymn.gov
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: Mary B Koolmo, APRN, CNP

STREET ADDRESS OF APPLICANT:

20229 485th St.

Mcgrogor, MN 55760

PHONE NUMBERS:

DAYS (763) 568-3308

EVENINGS (763) 568-3308

AITKIN COUNTY COMMISSIONER DISTRICT 4

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 have worked as a Pediatric Nurse Practitioner across multiple child health specialties since 1991. I currently serve as the Clinical Nurse Supervisor for Noran Neurology, where I oversee the clinic care team nurses supporting both adult and pediatric neurology patients. My education, combined with the depth and breadth of experience I've gained over decades of nursing and advanced practice, equips me to contribute meaningfully to the health issues facing my community. I also served six years on the Minnesota Department of Human Services Traumatic Brain Injury Advisory board, including time as both a board member and chairperson. That role gave me valuable insight into the challenges faced by individuals living with acute and chronic medical conditions in both rural and urban settings.

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

Mary B Koolmo, APRN, CNP
Signature of Applicant

02/12/2026
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 the Aitkin County Health & Human Services office, located at
204 - 1st Street NW, Aitkin, MN 56431**

For Office Use Only
Date Appointed: _____ Date of Term Expiration: _____ Term #: _____



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Advisory Committee Application Form

NAME: Nicole (First) M (MI) Ulrich (Last)

Address: 21219 381st LN Home Phone: _____
McGregor MN 55760 Business Phone: 218-928-8256
PO Box 322 McGregor MN Cell Phone: 218-513-6878

Employer: Aitkin County Developmental Achievement Center Inc Occupation: Admin Support Specialist/ IHS DC
Email Address: nulrich@aitkindac.org

1. Please state your reason for applying:

I want to join the Advisory Committee because my work at the Aitkin County DAC as Admin and IHS DC gives me a clear view of the needs, challenges, and gaps adults with disabilities in our community face. I see how policies and processes affect their daily life.

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

I have been involved in community activities like the ANGELS board in McGregor. The Rice River Seniors in Rice River township. I have helped with the Forgotten Heroes Range & Retreat. Also, volunteer at VFW and I am the Vice president of the VFW Auxiliary Post 2747.

- 3. Are you able to attend meetings during the day? Yes No
Currently meetings are held at 3:00pm on the first Thursday 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? 1yr 2yr

Signature of Applicant: Nicole M Date: 2/12/26

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**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: Nicole Ulrich

STREET ADDRESS OF APPLICANT:

21219030st LN PO Box 322

McGregor MN 55760

PHONE NUMBERS:

DAYS (218) 513-6878

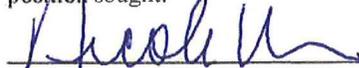
EVENINGS _____

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 serve as an Administrative Support Specialist and IHS DC at the Aitkin County DAC, where I work with adults with disabilities and see firsthand how policies and community systems affect their daily lives. My role has strengthened my commitment to advocacy, inclusion, and meaningful support. I am actively involved in the community, having served on the board of ANGELS, participated with the Rice River Seniors, supported Forgotten Heroes Range & Retreat, and volunteered with the McGregor VFW, where I currently serve as Vice President of the Auxiliary.

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

02/13/2026

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

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Date Appointed: _____

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