



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: Kari M Paulsen

 (First) (MI) (Last)

Address: 42593 300th Lane Home Phone: (218) 330-4472

 Business Phone: (218) 735-6121

 Aitkin MN 56431 Cell Phone: (218) 330-4472

Employer: NE MN Office of Job Training Occupation: Career Counselor

Email Address: kari.paulsen@nemojt.org

1. Please state your reason for applying:

I feel that it is imperative that community members stay active and knowledgeable about programs which directly impact our county. The Advisory Committee is an excellent opportunity to become engaged in human services to learn about programs and make recommendations from a citizen perspective. Through participation in the committee, I will be able to provide accurate information and referral sources to community members seeking services.

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

Health and Human Services Advisory Committee in 2015-2015, Operation Community Connect 2006 to 2014, Aitkin County mental Health Local Advisory Council, 2012 to 2014, Aitkin Area Chamber of Commerce Board 2015 to Present, Wilkins Lake Association Board 2010 to Present, Citizen Lake Monitor 2010 to 2014, Aitkin County Homeless Coalition 2004 to Present, Economic Development Committee 2014 to Present.

3. Are you able to attend meetings during the day? Yes No

Currently meetings are held at 3:30pm 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: Kari Paulsen

Digitally signed by Kari Paulsen.
 DN: cn=Kari Paulsen, o=NE MN Office of Job Training, ou=emh@kar.paulsen@nemojt.org, c=US
 Date: 2018.01.11 11:32:14 -0500

Date: 01/11/2018

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: Kari M. Paulsen

STREET ADDRESS OF APPLICANT:

42593 300th Lane

Aitkin, MN 56431

PHONE NUMBERS:

DAYS (218) 735-6121

EVENINGS (218) 330-4472

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)

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Health and Human Services Advisory Committee in 2015-2015, Operation Community Connect 2006 to 2014, Aitkin County mental Health Local Advisory Council, 2012 to 2014, Aitkin Area Chamber of Commerce Board 2015 to Present, Wilkins Lake Association Board 2010 to Present, Citizen Lake Monitor 2010 to 2014, Aitkin County Homeless Coalition 2004 to Present, Economic Development Committee 2014 to Present.

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

Kari Paulsen

Digitally signed by Kari Paulsen
DN: cn=Kari Paulsen, o=NE MN Office of Job Training, ou,
email=kari.paulsen@mnjobs.org, c=US
Date: 2018.01.11 13:40:20 -0600

01/11/2018

Signature of Applicant

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 #: _____