

AITKIN, MINNESOTA 56431-1291 PHONE 1-800-328-3744 or 1-218-927-7200 FAX #1-218-927-7210

Advisory Committee Application Form									
NAME: Lori			A	Chenevert					
(First)			(MI)	(Last)					
Address: 38444 Dove Street			Home Phone:						
					Business Phone:	(218) 927-7200			
	Aitkin	MN	56431		Cell Phone:	(218) 851-2223			
Employer: Aitkin County Health and Human Scare Occupation: Family Based Service Provider Email Address: lori.chenevert@co.aitkin.mn.us									
Board.	resent the A	atkin County	Health	and Hi	iman services Ars	CME 1283 Union Seat on the			
2. What	has been yo	ur past invol	vement	with Pu	ublic Health Service	es, Social Services, Financial			
		ivic and com							
Adult Me	ntal Health	Unit doing th	he Comi	munity		1999. I have worked in the and for the past 13 years have rovider.			
-		tend meeting				No			
	Currently meetings are held at 3:30pm on the first Wednesday of each month.								
•	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: Sou (hencuert Date: 12-12-18									

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 Ac	lvisory Committee		
NAME OF APPLICANT:	Lori Chenevert	A West Control of the		
STREET ADDRESS OF A		PHONE NUMB	BERS: (218) 927-7200	
Aitkin	, MN 56431	EVENINGS	(218) 851-2223	
AITKIN COUNTY COM	MISSIONER DISTRICT 1			
qualifications and any other in	tate that the application shall include a "state formation the nominating person feels be be, or education that would be pertinent to the	helpful to the appointing a	atisfies any legally prescribed authority." (May include employment,	
Mental Health Unit do	kin County Health and Human S ping the Community Support Pro ears as the Family Based Service	ogram, and have wo		
position sought.	state that I satisfy, to the best of my kr		escribed qualifications for the $2 - 12 - 18$	
Signature of Applicant		Date		
If applicant is being nomin	nated by another person or group, the a	bove signature indicate	es consent to nomination.	
Is this application submitte	ed by appointing authority?	es No No		
Is this application submitte	ed at the suggestion of appointing author	ority? Yes _	No	
Please retu	ern application to the Aitkin County 204 - 1st Street NW, A		vices office, located at	
For Office Use Only				
Date Annointed:	Date of Term Expiration	,	Term #:	