

# Health & Human Services Agenda Request

1D
Agenda Item #

Requested Meeting Date: June 25, 2024

Title of Item: Approval of H&HS Advisory Committee Appointment

REGULAR AGENDA	Action Requested:	Direction Requested						
CONSENT AGENDA	Approve/Deny Motion	Discussion Item						
INFORMATION ONLY	Adopt Resolution (attach dr. *provide	aft) Hold Public Hearing* e copy of hearing notice that was published						
Submitted by:								
Paula Arimborgo		H&HS Administration						
Presenter (Name and Title): Sarah Pratt, H&HS Director		Estimated Time Needed: 2 min						
Summary of Issue: Request approval of new appoin follows: Alissa Boser, Social Worker, H&		Services Advisory Committee as representative on the committee.						
Alternatives, Options, Effects or	Others/Comments:							
Recommended Action/Motion:								
Financial Impact: Is there a cost associated with this What is the total cost, with tax and Is this budgeted?  Yes	· —	No						

## MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County I	<b>Health &amp; Human Services Ad</b>	visory Committe	e		
NAME OF APPLICANT: A	Alissa Boser				
STREET ADDRESS OF API		PHONE NUME	PHONE NUMBERS:		
22337 St	ate Hwy 47	DAYS	(320) 237-3567		
Aitkin I	MN 56431	EVENINGS	(320) 237-3567		
AITKIN COUNTY COMMI	ssioner district 2	-			
qualifications and any other info	e that the application shall include a "state rmation the nominating person feels be h or education that would be pertinent to th	elpful to the appointing			
	all legal qualifications that there ices Advisory Committee.	efor qualify me to	serve on the Aitkin county		
Current Employment: A Mental Health Social W	itkin County Health and Huma orker)	an Services (Child	Protection Team - Children's		
	perience: Aitkin County Studer ad Facilitated a weekly group r				
I, the undersigned, hereby staposition sought.	ate that I satisfy, to the best of my known	owledge, all legally pr	escribed qualifications for the		
Alissa Boser	Digitally signed by Alissa Boser Date: 2024.05.29 16:14:49 -05'00'		05/29/2024		
Signature of Applicant	D(10, 2021103,25 10,111.15 05 00	Date			
If applicant is being nominate	ed by another person or group, the ab	oove signature indicate	es consent to nomination.		
Is this application submitted	by appointing authority? Ye	es No _	$\checkmark$		
Is this application submitted	at the suggestion of appointing author	ority? Yes	No 🗸		
Please return	application to the Aitkin County 1 204 - 1st Street NW, A		rvices office, located at		
For Office Use Only					
Date Appointed:	Date of Term Expiration		Term #		



#### **AITKIN COUNTY HEALTH & HUMAN SERVICES**

204 First Street NW Aitkin, MN 56431 Phone: 800-328-3744/218-927-7200 Fax: 218-927-7210

### Advisory Committee Application Form

VAME: Ali	ssa	M Bose	er	
-	(First)	(MI)	(Last)	
Address:	22337 State Hwy 47	Home Pho	one:	
	Aitkin MN 56431	Business	Phone:	
		Cell Phone	9: 320-237-3567	
Employer:	Aitkin County Health and Human Services	Occupatio	n: Social Worker	
Email Add	ress: alissa,virnig@gmail.com	·		
2. Wh civic an	ease state your reason for applying:  sted in applying for this position to not only extend my networking  at has been your past involvement with a community activities?	vith Public Health Sei	vices, Social Services, Fi	
	is Social Work experience involves working for Crow Wing County ldren's Mental Health Social Worker for Aitkin County, My family			tor serving all of Aitkin County, and now I
	e you able to attend meetings during rrently meetings are held at 3:00pm		of each month,	Yes 🚺 No
4. Are	e you able to attend at least 10 meet	ings per year?		Yes ✓ No
5. Wo	ould you be willing to serve a one-yea	r or a two-year term?		1yr ☐ 2yr ✓
Signat	ure of Applicant: Alissa Boser	Digitally signed by Alissa Boser Date: 2024 05 29 16 00 06 -05'00'	Date: 05/29/2024	

#### PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

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

or email to paula.arimborgo@co.aitkin.mn.us Questions? Call: 218-927-7203 or 1-800-328-3744