

# Aitkin County Board of Commissioners Board Meeting Attendance Record

Date: January 27, 2024

Name	Please check the boxes that apply		
	Aitkin County Citizen	Aitkin County Employee	Company Representative – Please list
Sarah Pratt		✓	HFJ
Andrew Gustafson		✓	ESPZ
Randy Ott			WM
Becky Sande	✓		
Jaret Kohlschell	✓		
Richard Beatty	✓		BSLA
Pat Murphy	✓		ACLARA



# Board of County Commissioners Agenda Request

Requested Meeting Date: January 27th, 2026

25.1  
Agenda Item #

Title of Item: Approval for New Health and Human Services Advisory Committee Member

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <input type="checkbox"/> Hold Public Hearing *provide copy of hearing notice that was published	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Information Only
---	--	---

Submitted by: Sarah Pratt	Department: Health and Human Services
Presenter (Name and Title):	Estimated Time Needed:

<b>Summary of Issue:</b>  Seeking Approval for a new Health and Human Services Advisory Committee Member. Sarah Stadler, district 5 representative.
---

<b>Alternatives, Options, Effects on Others/Comments:</b>
---

<b>Recommended Action/Motion:</b> Appoint Sarah Stadler to a 2-year term beginning January 1, 2026
---

<b>Financial Impact:</b> Is there a cost associated with this request? What is the total cost, with tax and shipping? \$ Is this budgeted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Explain:
---	--	-----------------



## HEALTH & HUMAN SERVICES

Aitkin County  
204 1<sup>st</sup> Street NW  
Aitkin, MN 56431

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

### Advisory Committee Application Form

NAME: Sarah  
(First)

L  
(MI)

Stadler  
(Last)

Address: 3705 1/2 Grove Street  
Palisade, MN 564169

Home Phone: N/A  
Business Phone: N/A  
Cell Phone: 602-318-60876

Employer: St. John's Lutheran Church of  
Email Address: sarahleestadler@gmail.com Occupation: Pastor  
Cedarbrook

1. Please state your reason for applying:

I care about our community and believe it is imperative that we all use our gifts and time to raise the quality of life in our community - as we are able.

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

2 years - Aitkin: Aitkin Youth Center, Aitkin High School, DAC, local care centers, Loaves & Fishes, Aitkin Area Chamber of Commerce  
2 years - Phoenix: I served a congregation that included a significant portion of folks experiencing homelessness. We operated programming to

3. Are you able to attend meetings during the day?

Currently meetings are held at 3:00pm on the first Thursday of each month.

Yes  No

assist + were also deeply

4. Are you able to attend at least 10 meetings per year?

Yes  No

connected to

5. Would you be willing to serve a one-year or a two-year term?

1yr  2yr

health + huma

Signature of Applicant:

Date:

1/21/26

service agency

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

Aitkin County Health & Human Services Attention:

Paula Arimborgo

204 1<sup>st</sup> Street NW

Aitkin, MN 56431

Chicago: I  
worked at a  
shelter for a year

Or email to [paula.arimborgo@aitkincountymn.gov](mailto: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: Sarah Stadler

STREET ADDRESS OF APPLICANT:

37051 Grove Street

Palisade, MN 56469

PHONE NUMBERS:

DAY (602) 318-6876

EVENINGS (602) 318-6876

AITKIN COUNTY COMMISSIONER DISTRICT 5

Minnesota Statues 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)

Relevant Experience, Education, & Employment:

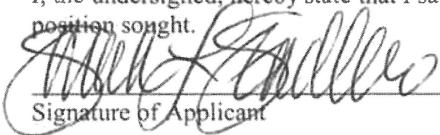
Feb 2024-Present Pastor, St. John's Lutheran Church of Cedarbrook, Aitkin MN - In my current role, I regularly interact with our local care centers and with DAC. We

Feb 2024-Present Since I moved here, I have volunteered in a variety of capacities, including at the Aitkin Youth Center, at Aitkin High School, with Loaves & Fishes (who serve the community meal), and on the Economic Development Committee for the Aitkin Area Chamber of Commerce.

Nov 2010-Oct 2022 Pastor, Grace Lutheran Church, Phoenix, AZ - At the time I served this congregation, about half of the total community was experiencing homelessness, and we operated 4 homeless outreach programs to assist people with food, clothing, medical concerns, employment, transportation, and life enrichment. Because of the critical mass of people experiencing homelessness within our community, we were deeply connected with health and human service providers.

Sept 2001-Aug 2002 While completing a year with Lutheran Volunteer Corps, I worked at The Boulevard, a shelter for people experiencing homelessness and illness on the west side of Chicago.

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

01/21/2026

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 #: \_\_\_\_\_