



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

Aitkin County Opioid Settlement Subcommittee Application

Personal Information

First Name:	Date:		
Last Name:			
Address:		Phone:	
City State and Zip			
Age Range	<input type="checkbox"/> 15-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-55 <input type="checkbox"/> 55-65 <input type="checkbox"/> 65 + <input type="checkbox"/> Prefer not to answer		

Application

Residence How long have you lived in Aitkin County? What do you like the most about living in Aitkin County?

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Community Have you ever served on any type of committee or board? If your answer is no, is there anything about serving on a committee that you have concerns or questions about?

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Motivation What interests you about becoming a member of this committee?

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Background Please give a brief overview of your education, past or present employment, and areas of interest or expertise you think you could bring to this committee.

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Connection **Have you been impacted by any part of the opioid epidemic? Be as brief or as specific as you would like.**

Comments **Add any additional comments that you would like the reviewers to be aware of.**

Additional Information

This committee will meet quarterly and as needed in an effort to review funding applications in a timely manner. The meetings will be arranged to accommodate the greatest number of members, typically within normal business hours during the work week. The role of the committee is to help guide the spending of the opioid settlement dollars coming into Aitkin County over the next several years. The term on the committee will be for two to three years as to stagger member changes on the committee. It is important that the makeup of our committee reflects a broad representation of our community and brings diverse experiences and backgrounds including those who have been impacted by opioids directly or indirectly, faith-based organizations, law enforcement, healthcare, veterans, youth, education and any underserved portion of our population. Anyone in Aitkin County is encouraged to apply, even if you have never served on a prior committee. (Max of 10-12 members)

Please note: All members will be asked to sign a Conflict-of-Interest Agreement.

To be signed by applicant:

I have sufficient time to devote to this responsibility and will attend the required meetings if appointed.

Applicants Printed Name

Applicant Signature

Date

If you have any questions or would like to discuss this application further, please contact: Kelli Crowther PHN
Aitkin County Health and Human Services
204 1st Street NW Aitkin MN 56431
Office: 218-927-7267

Completed applications can be mailed to the above address or

Emailed to: kelli.crowther@aitkincountymn.gov (Please put the word "Application" in the subject line)