

AITKIN COUNTY HAS TWO OPENINGS ON THE FOLLOWING COMMITTEE:

Aitkin County Community Corrections Advisory Board

- Education Representative (1 opening)
- Ethnic Minority Representative (1 opening)

The purpose of the Advisory Board is to participate in the formulation of the comprehensive plan for the development, implementation, and operation of correctional programming and services provided by Aitkin County Community Corrections and make formal recommendation to the Aitkin County Board annually concerning the comprehensive plan during the ensuing year. Additionally, the Advisory Board shall be responsible for the following functions:

- A. Evaluating the success of selected existing correctional programs.
- B. Evaluating the cost/benefit of selected corrections programs.
- C. Recommending changes in the current program structure to improve cost/benefits.
- D. Determine gaps in current services, providing for program planning to fill these gaps.
- E. Assuring sufficient coordination and planning to minimize duplication of services among correctional programs.

Terms are two years. Board meetings occur quarterly. The position will start immediately upon appointment. Applications can be found on the Aitkin County Website or picked up at Aitkin Co. Community Corrections (located in the Courthouse).

The Aitkin County Board of Commissioners will make the committee selections from submitted applications during a County Board Meeting. All applicants will receive notification by mail indicating whether or not they have been selected. For more information contact Kameron Genz, Community Corrections Director, at 218-927-7281.

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

NAME OF COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Community Corrections Advisory Board

- Lay Citizen Representative
 Education Representative
 Ethnic Minority Representative

AITKIN COUNTY COMMISSIONER DISTRICT _____

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)

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

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 Community Corrections office, located at
209 2nd Street NW – Room 178, Aitkin, MN 56431 or email to kami.genz@co.aitkin.mn.us**

NAME OF APPLICANT: _____

STREET ADDRESS OF APPLICANT: _____

PHONE NUMBERS: _____

DAYS _____

EVENINGS _____

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____