

Advisory Committee

Application Form

NAME: Kristina A Layne
 (First) (MI) (Last)

ADDRESS: 35728 387th AVE HOME PHONE: 218-839-3336
 BUSINESS PHONE: 218-927-5521
 CELL PHONE: 218-839-3336

E-MAIL ADDRESS: KLayne@Riverwoodhealthcare.org

EMPLOYER: Riverwood OCCUPATION: CNO

EMPLOYER ADDRESS: 200 Banker Hill Drive

1. Please state your reason for applying: Be involved in Health Care in Aitkin Community - Volunteer Service
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: Board Member for two years on Health And Human Services
3. Are you able to attend meetings during the day? Yes No
 Currently this committee meets at 3:30 p.m. on the first Wednesday of each month.
4. Are you able to attend at least 10 meetings each year? Yes No
5. Would you be willing to serve a one-year or two-year term?
 One-year Two-year

Signature of Applicant: Kristine Layne Date: 10/7/15

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

Aitkin County Health & Human Services
 Attention: Julie
 204 - 1st Street NW
 Aitkin, MN 56431

Questions? Call: 218-927-7200 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:

Kristine Layne

STREET ADDRESS OF APPLICANT:

35228 387th AVE

Aitkin, MN 56431

PHONE NUMBERS:

DAYS 218-927-5521

EVENINGS 218-839-3336

AITKIN COUNTY COMMISSIONER DISTRICT

Spencer Township

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)

BS in Nursing, MS Health Care Administration

Worked in Health Care since 1976.

CNO at Riverwood Healthcare since 2003

ON Aitkin Health Service Advisory Board

ON CLC Advisory Board

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Kristine Layne
Signature of Applicant

10/2/15
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 #: _____