

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee

Application Form

V. - A. - 2.

NAME: Shirley E. Scharrer
(First) (MI) (Last)

ADDRESS: 37494 430th Place HOME PHONE: 218-927-6836

AITKIN, MN 56431 BUSINESS PHONE: —

CELL PHONE: 218-820-7037
(use first)

E-MAIL ADDRESS: Shirleyescha@yahoo.com

EMPLOYER: Retired OCCUPATION: RN

EMPLOYER ADDRESS: _____

1. Please state your reason for applying: With my career & life experience I feel I have valuable knowledge to offer.
2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: Worked as PH nurse, worked closely with social service in providing direction for disabled folks as guardian. Longtime experience with disabled & their needs & community resources. Extensive experience with mentally ill. Certified grief counselor
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: Shirley Scharrer Date: 11-19-16

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: Shirley Scharrer

STREET ADDRESS OF APPLICANT:

37494 430th Place

Aitkin, MN 56431

PHONE NUMBERS:

DAYS 218-520-7037

EVENINGS same

AITKIN COUNTY COMMISSIONER DISTRICT 2

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 am a retired nurse of 53 years, having the privilege of working in a number of nursing areas including hospital, surgery, geriatrics, public health, mental health, special needs. I have had the opportunity to teach staff in mental health, + developmentally disabled. Since retirement I have become certified in grief counselling, + worked at the school as substitute nurse. Overall I have developed a practice of looking at the whole picture, especially without prejudice, + for benefit.

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

Shirley Scharrer
Signature of Applicant

11-19-16
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 #: _____

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