

AITKIN COUNTY HEALTH & HUMAN SERVICES

Advisory Committee
Application Form

V. - B. - 4.

NAME: Robert J. MARCUM
(First) (MI) (Last)

ADDRESS: 36136 Kestrel Ave. HOME PHONE: 218-768-2337
McGregor, MN BUSINESS PHONE: _____
55760 CELL PHONE: 218-565-2449

E-MAIL ADDRESS: Rmarcum@frontiernet.net

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____

1. Please state your reason for applying: _____

2. What has been your past involvement with Public Health Services, Social Services, Financial Services and other civic and community activities: 2 terms AHS Advisory, State DHS MEDICAID Advisory (2 terms), SALO TWP supervisor (4 terms), Aitkin County DFL Central Com.

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: Robert J. Marcum Date: Oct. 21, 2016

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

OCT 31 2016

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:

Robert J. Marcum

STREET ADDRESS OF APPLICANT:

36136 Kestrel Ave
McGregor, MN 55760

PHONE NUMBERS:

DAYS 218-768-2337

EVENINGS _____

AITKIN COUNTY COMMISSIONER DISTRICT

3

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 would very much enjoy a third term on
The HHS Advisory Committee. It has been a
good & productive experience for me and my
community.

It provides me access to information helpful
not only to Aitkin County, but other groups I
serve with, including SACO Town Board, Dept of Human
Serv. Medicaid Advisory, County DFL Central Comm., and
others.

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

Robert J. Marcum
Signature of Applicant

Oct. 21, 2016
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 #: _____

OCT 31 2016