



**APPLICATION FOR APPOINTMENT TO AN  
ADVISORY COMMITTEE, COMMISSION**

**Citizen Review Panel**  
*Committee of Interest*

**INSTRUCTIONS:**

1. Please see the back of this page for a list of Advisory Committees/Commissioners in Chisago County, and enter the committee name for which you are applying in the space above.
2. Please complete one application for each committee appointment you are seeking.
3. Notice of Rights Identified on next page.

(Please Print)

**NAME:**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

**ADDRESS:**

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

**TELEPHONE:**

\_\_\_\_\_

Home

\_\_\_\_\_

Business

**FAX NO.:**

\_\_\_\_\_

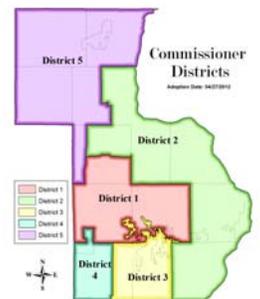
**E-MAIL ADDRESS:**

**IN WHICH COMMISSIONER DISTRICT DO YOU RESIDE?** \_\_\_\_\_

**IF YOU RESIDE IN A TOWNSHIP, PLEASE LIST?** \_\_\_\_\_

**LIST EXPERIENCE OR SKILLS YOU HAVE RELATING TO THE APPOINTMENT YOU ARE SEEKING:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**LIST SPECIAL OR PERSONAL INTERESTS RELATING TO THE APPOINTMENT YOU ARE SEEKING:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHY DO YOU WANT THIS APPOINTMENT?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN THIS APPLICATION TO:**

CHISAGO COUNTY  
Clerk of the Board  
313 North Main Street, Room 175  
Center City, MN 55012  
Phone: 651/213-8830  
Fax: 651/213-8876

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# ADVISORY BOARDS, COMMITTEES & COMMISSIONS

Board of Adjustment & Appeals	Noxious Weed Appeal Committee
* Citizen Review Panel	Parks Board
Comfort Lake/Forest Lake Watershed District	Planning Commission
Extension Committee	Public Health Commission
Five County Mental Health Board	Special Task Forces; Ad Hoc Committees:
Housing & Redevelopment Authority -	Limited Term Study Group
Economic Development Authority (HRA-EDA)	Water Plan Policy Team
Library Board	

**\* If you are interested in appointment to the Citizen Review Panel. We ask that you also complete the attached State of Minnesota Application – Volunteer Citizen Review Panel Member. However, do not return it to the Minnesota Department of Human Services. Please return it to Chisago County attached to our Application for Appointment Form.**

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## NOTICE OF RIGHTS

In accordance with the Minnesota Government Data Practices Act, Chisago County is required to inform you of your rights as they pertain to private information collected from you. Private data is that information which is available to you, Chisago County Administration and the department to which you are applying but not to the public.

The purpose of the collected information is to determine your eligibility to participate on a commission or advisory board. Furnishing the requested information is voluntary, although refusal to supply the information may make you ineligible for an appointment.

Names and home addresses of applicants for appointment to the members of an advisory board or commission are public, as are rank on eligibility list, job history, education, training and work availability. All other information obtained from you is private.

## Explanation of Your Rights

Completion of this form is optional. It is not part of the application process. The purpose of this form is to authorize release of your e-mail (if any) and fax or telephone number(s) to members of the Chisago County Board of Commissioners. Authorizing release of your contact information is *not required*. If you decline to complete this release, the commissioners who will make the decision regarding your application for appointment to the committee, board or commission will not be able to contact you in advance of his/her decision or vote.

If you have a question about anything on this form, or would like more explanation, please contact the Clerk to the County Board before you sign it.

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## Waiver and Release

As an applicant for an opening with one of Chisago County's committees, boards or commissions, I understand that I have a right to have some personal information remain private. I recognize Chisago County Commissioners may want to contact me and inquire about my interest and qualifications regarding this position. I, \_\_\_\_\_, hereby waive my right to keep the specified data private.

I, \_\_\_\_\_, give my permission for Chisago County to release data about me to Chisago County Commissioners, currently serving on the Chisago County Board of Commissioners, as described on this form.

1. The data I want Chisago County to release includes e-mail address, and any fax or telephone number(s) included on my application. Data to be released (check corresponding box(es)):  
 e-mail address;  fax number;  home phone;  business/work phone;  cell phone
2. I understand that I am authorizing Chisago County to release the data to members of the Chisago County Board of Commissioner, currently serving on the Chisago County Board of Commissioners, for the sole purpose of contacting me regarding my application.
3. I understand that the data are classified as private data at Chisago County and the classification or treatment of the data after release to any commissioner remains private data and shall not be further released, without my express written consent.

This authorization to release expires ninety (90) days from the date of my signature **or** upon the filling of the position on the committee, board, or commission, whichever comes first.

Individual data subject's signature \_\_\_\_\_ Date \_\_\_\_\_

# Application Volunteer Citizen Review Panel Member



The Minnesota Department of Human Services' policy and federal law prohibits discrimination based on race, creed, sex, religion, mental or physical disabilities, age or marital status. Questions of this nature are asked for general background purposes only. *\*You are not obligated to supply this information.* If you do not answer these questions it will not affect consideration given to your application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*Male: \_\_\_\_\_ \*Female: \_\_\_\_\_ \*Birth date: \_\_\_\_\_

Person To Notify In Case of Emergency: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Additional Information

Relevant Training, Degrees, Certificates and Licenses:

Where did you hear about the Citizen Review Panel?

Please list special skills, interests or relevant experiences.

What strengths do you have that would be beneficial to the Panel?

Have you been convicted of a crime, other than minor traffic violations?

If yes, please explain. Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or has anyone in your family been involved with the Social Services or Court systems? If yes, please explain.

Yes \_\_\_\_\_ No \_\_\_\_\_

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If yes, did you feel you were treated fairly? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

Are you willing to serve an initial term of two years on the panel? Yes \_\_\_\_\_ No \_\_\_\_\_

**Narrative Questions**

Why do you want to become a citizen review panel member?

What do you hope to get out of this experience?

Do you have any reservations about serving as a volunteer panel member?

In order to promote the integrity of the citizen review panel, ensure confidentiality is maintained, to protect the safety of the volunteer panel members and those involved with the agencies and cases reviewed, we use many methods of screening, including criminal and child maltreatment records checks. Are you willing to allow us to conduct a thorough background check on you? Yes \_\_\_\_\_ No \_\_\_\_\_

**References**

Please list the names, **complete addresses, including the zip code**, and daytime phone numbers of three references.

1.

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2.

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3.

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I submit the statements on this application are true, complete and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Thank you for taking the time to fill out this application. Return the completed application to:**

~~**Minnesota Department of Human Services  
Citizen Review Panels  
444 Lafayette Road North  
St. Paul, MN 55155-3832**~~

**Chisago County  
Clerk of the Board  
313 North Main Street, Room 175  
Center City, MN 55012**