



KANABEC
COUNTY
Minnesota

APPLICATION FOR APPOINTMENT TO KANABEC COUNTY COMMITTEES, BOARDS, OR COMMISSIONS

Thank you for your interest in being appointed by the Kanabec County Board of Commissioners to a Kanabec County committee, board or commission. Details about current vacancies can be found at www.kanabecounty.org/committees . Please read the Notice of Rights, Waiver & Release on pages two and three of this application and contact the County Coordinator’s Office at 320-679-6440 with questions.

COMMITTEE, BOARD OR COMMISSION: _____

NAME: _____
First Last

HOME ADDRESS: _____
Street City State Zip

PHONE: _____
Home Mobile

EMAIL ADDRESS: _____

Briefly explain your experience pertaining to this committee:

Why do you want this appointment?

 Signature of Applicant Date

Please return this application to the County Coordinator coordinator@co.kanabec.mn.us
 or 317 Maple Ave E, Suite 181, Mora MN 55051.

NOTICE OF RIGHTS

In accordance with the Minnesota Government Data Practices Act, Kanabec 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, Kanabec 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 Kanabec 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 advanced of his/her decision to vote.

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

WAIVER AND RELEASE

As an applicant for an opening with one of Kanabec County's committees, boards or commissions, I understand that I have a right to have some personal information remain private. I recognize Kanabec 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 Kanabec County to release data about me to Kanabec County Commissioners, currently serving on the Kanabec County board of Commissioners, as described on this form.

1. The data I want Kanabec 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 Kanabec County to release the data to members of the Kanabec County Board of Commissioner, currently serving on the Kanabec 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 Kanabec 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 _____