



BIG STONE COUNTY

Application for Citizen Advisory Committees / Commissions / Boards

Part 1: Applicant Information

Applicant Name (Last, First, M.I.): _____

Home Address: _____

City: _____ State: MN Zip: _____

Telephone: _____
Home Cell

Email Address: _____

Part 2: Committee Selection

Indicate below the name of the committee(s) for which you are seeking appointment.

- | | |
|--|---|
| ☐ Extension Committee | ☐ Bois de Sioux Watershed |
| ☐ Housing and Redevelopment Authority | ☐ Upper Minnesota River Watershed |
| ☐ Board of Adjustment | ☐ Southwest EMS |
| ☐ Personnel Board of Appeals | ☐ Countryside Public Health |
| ☐ Planning Commission | ☐ Private Industry Council Workforce Development |
| ☐ Big Stone Area Growth | |

Other: _____

Part 3: Your Rights as a Subject of Data / Applicant Declaration

Pursuant to Minnesota Statutes Chapter 13, Big Stone County informs you that the following information requested in this application is private data: telephone numbers, residential street address, email address, and business/financial interest. Unless and until you are appointed to an advisory committee, this information will be available only to you and county officials who need it to perform their job duties. Providing this information is voluntary. Failure to provide the information requested in Parts 5–7 may disqualify you from appointment to one or more advisory committees. The remainder of the information in this application is public.

State law requires your residential street address and either your email address or telephone number be made public if you are appointed to an advisory committee. Unless you indicate otherwise, Big Stone County will make your email address public. If you do not have an email address, Big Stone County will make your home telephone number public. You may request that both be made public or that your business telephone number instead of your home telephone number be made public.

If appointed, I request that Big Stone County make public (check all that apply):

- ☐ Email Address
- ☐ Home Telephone Number
- ☐ Cell Telephone Number

Signature of Applicant

Date

Part 4: Affiliation with Big Stone County

1. Are you an employee of Big Stone County?

- ☐ Yes
☐ No

2. Are you related to any Big Stone County Commissioner, or to any member of the board or employee of the board on which you are interested in serving? If so, give the name and relationship.

Name and relationship: _____

3. Are you currently under contract with, or employed by, a contractor of Big Stone County?

- ☐ Yes
☐ No

If yes, which contractor: _____

Part 5: Statement of Qualifications

PLEASE NOTE: In accordance with county policy, paid employees of Big Stone County may be ineligible to be appointed as members of certain citizen advisory committees unless otherwise specified by law. Confirm applicable Big Stone County policy before publishing this form.

Business / Employer: _____

Business Address: _____
Street City State Zip

Job Title: _____

Current Responsibilities:

Previous Work Experience:

Vocational / Educational Background:

Community Service and/or Participation on Elected Boards:

Describe your interest in serving on a citizen advisory committee:

4. Are you currently serving on any other Big Stone County board? If so, name the committee or board.

Committee / Board: _____

Part 6: Planning Commission Applicants Only

Minnesota Statutes Section 394.30, subdivision 1, provides the statutory authority under which a county planning commission is created and requires that no voting member of the commission shall have received, during the two years prior to appointment, any substantial portion of income from business operations involving the development of land within the county for urban and urban-related purposes.

During the last two years, have you received any substantial portion of income from business operations involving the development of land within Big Stone County for urban and urban-related purposes?

☐ Yes

☐ No

Signature of Applicant

Date

THANK YOU!

Return completed form to:

Big Stone County Administration Office

20 2nd Street SE

Ortonville, MN 56278

hr@bigstonecounty.gov

320-487-1200

Office Use Only

Date Received: _____	Appointment Date: _____
Date Entered: _____	Term Ended Date: _____
Appointed: ☐ Yes ☐ No Committee: _____	Retention Date: _____