



## APPLICATION BOARD/COMMISSION MEMBER

These questions are designed to obtain information about your experience and interest in civic activities. You may return your application by mail, email or fax. **Mail to:** Administrator, Clerk/Treasurer's Office, 1301 81<sup>st</sup> Avenue NE, Spring Lake Park, MN 55432; **E-Mail to:** info@slpmn.org or **Fax to** (763) 792-7257. Your application will remain on file for six months. If you have questions, please call the Administrator, Clerk/Treasurer's Office at (763) 784-6491. **Thank you for your interest!**

**Name:** Erik Olson  Adult (18+)  Student (under 18)  
**Address:** 548 84th ave ne **Zip:** 55432  
**Home #:** \_\_\_\_\_ **Cell #:** 651-785-4352  
**Email:** eolson999@gmail.com **Work #:** \_\_\_\_\_

Length of residence in Spring Lake Park (in years) 10 May we call you at work?  Yes  No

**I am interested in serving on the following commission:**

(If you have an interest in more than one commission, you may rank your choices)

- Planning and Zoning Commission
- Parks and Recreation Commission

**Community, Civic or Volunteer Experience:**

Meals On Wheels- delivering food weekly in SLP/Mounds View  
Springbrook Nature Center- I am on Fund The Fun subcommittee(creating a Natural Playground), Trail Steward and invasive species control.  
National Park Service- Field trip assistant and visitor center guide at St Anthony Falls and invasive species control at other locations

**Interests and Hobbies:** Nutrition, gardening, community involvment  
\_\_\_\_\_  
\_\_\_\_\_

**Occupation and Work Experience (you may attach a resume if desired):** \_\_\_\_\_  
I clean at a bioresearch lab part time.  
Most of my experience has been in the healthcare field.  
Mental Health Practitioner, Behavior therapist/autism,special ed job coach, and end of life cares.  
\_\_\_\_\_

*Please complete other side of application*

Educational Background/Training: I was trained as a Mental Health Specialist  
at the Academy of Health Sciences, San Antonio TX. Special Education Paraprofessional certification,  
Minnesota PCA certficaton, and Certified Reiki Practitioner.

What skills or personal qualities do you possess that would make you valuable as a board or commission member? I enjoy working with a group to find solutions. I think listening is the first step in good communication.

Why are you interested in volunteering? Growing up in Spring Lake Park i watched my parents enjoy working to make SLP and Tower Days what it is today. I remember helping them build Triangle Park and so many city wide clean ups.  
My dad was always on at least one commission and even the city council.  
It is my turn to serve where i can.

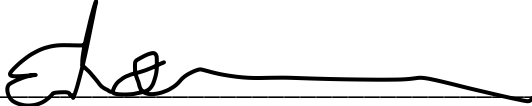
**Conflicts of Interest**

No commissioner shall: (1) Enter into any contract with the city unless otherwise authorized by law. (2) Use their position to secure any special privilege or exemption for themselves or others. (3) Use their office or otherwise act in any manner which would give the appearance of or result in any impropriety or conflict of interest.

**IMPORTANT INFORMATION CONCERNING YOUR APPLICATION**

DATA PRIVACY NOTICE: Minnesota law requires that you be informed of the purposes and intended uses of the information you are providing on this application. Pursuant to Minnesota Statutes Section 13.601, your name, city of residence, employment history, volunteer work, awards and honors are public data and is available to anyone who requests the information. The data that you give us about yourself is also needed to identify you and assist in determining your suitability for the commission(s) for which you are applying. This data is not legally required, but refusal to supply the information requested may affect the City Council's ability to evaluate your application. Should you be appointed to serve on a board or commission, pursuant to Minnesota Statutes Section 13.601, your residential address and either a telephone number or electronic mail address (or both) where you can be reached also become public information.

*I have read and understand the data privacy information given above and authorize investigation of all statements contained in this application as may be necessary to arrive at an appointment decision. I certify that all answers given here are true, and I understand that any false information on or omission of information from this application will be cause for rejection of this application.*

  
\_\_\_\_\_  
Applicant signature (electronic)

5/31/2022  
\_\_\_\_\_  
Date