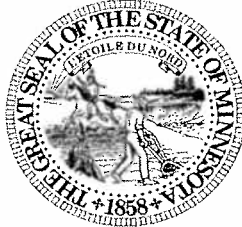


STATE OF MINNESOTA



MARK DAYTON
GOVERNOR

NOTICE OF APPOINTMENT

Jan Bailey

2100 Valkyrie Drive Northwest Apartment #106
Rochester, MN 55901
County of Olmsted
Congressional District 1

Because of the special trust and confidence I have in your integrity, judgment, and ability, I have appointed and commissioned you to have and to hold the office of:

MEMBER OF THE BLIND COMMUNITY

BOARD OF THE MINNESOTA STATE ACADEMIES

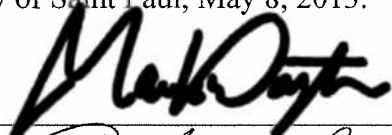
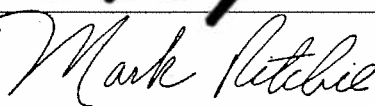
Effective: May 13, 2013

Term Expires: January 2, 2017

This appointment carries with it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the Capitol in the City of Saint Paul, May 8, 2013.




Governor

Secretary of State

RECEIVED

MAY - 9 2013

Replacing: Nadine Jacobson

President of the Senate

STATE OF MINNESOTA
OPEN APPOINTMENTS APPLICATION FOR SERVICE ON
STATE AGENCIES, BOARDS, COUNCILS, COMMISSIONS or TASK FORCES

All information on this form is available to the public upon request.

Part I - Tell us about the Position to which you are applying

Required Information (MN Stat § 15.0597 Subd. 5.)

Agency: The Board of the Minnesota State Academies

Position Sought: ___ position on the MN State Academies board for a blind individual ___

By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)

Part II - Tell us about Yourself

Required Information (MN Stat § 15.0597 Subd. 5.)

Applicant Name: Jan Bailey

Preferred Phone: 5072885335

Preferred Mailing

Address: 2100 Valkyrie Dr NW Apt. 106_ (Preferred Mailing Address)

E-MAIL: jb021951@charter.net

County: Olmsted

Rochester MN 55901 (City) (State) (Zip)

MN House of Rep Dist: 196_

US House of Rep Dist: 25b

Have you ever been convicted of a felony:

Yes ___ No 1

Did the Appointing Authority suggest you submit your application? Yes 1 No ___

Please attach a cover letter, current resume, or other information that you feel would be helpful to the Appointing Authority.

Part III: OPTIONAL STATISTICAL INFORMATION

The following information is optional and voluntary (MN Stat §15.0597 Subd. 5.).

Information is collected for, and compiled in, the annual report on the open appointments process pursuant to MN Stat §15.0597 Subd. 7.

Sex: Female <u>1</u> Male ___	Age: <u>61</u>	Disability: Yes <u>1</u> No ___	Political Party: <u>1</u> Democratic-Farmer-Labor ___ Independence ___ Republican ___ No Party Preference ___ Other ___	Hispanic, Latino, or Spanish origin? ___ Yes <u>1</u> No
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Race:
(As listed on United State Census 2010)
(Pick as many as apply)

___ American Indian or Alaska Native
___ African American or Black
1 White or Caucasian
___ Other Race ___

Part IV: Signature and Submittal Instructions

I swear that, to the best of my knowledge, the above information is correct and that I satisfy all legally prescribed qualifications for the position sought. (*If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.)

Janice B. Bailey
(Signature of Applicant)

12/29/2012
(Date)

MAIL OR SUBMIT IN PERSON:
Office of the Secretary of State
Open Appointments
180 State Office Building
100 Rev Dr Martin Luther King Jr Blvd
St. Paul, MN 55155-1299

Questions:
Phone: (651) 556-0643
Email:
open.appointments@state.mn.us

Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired.

FOR OFFICE USE:

RECEIVED
Governor
01/02/2013

Rev.09-2011

MAY - 9 2013

President of the Senate

Cover Letter or Other Helpful Information:

Dear appointing authority:

I am a former student of the MN Academy for the blind, have worked as a rehabilitation counselor with students at the school, am a present member of the advisory board for the Academy for the blind, am a member of the MSAB Alumni association, and have a deep interest in the school's success. I hope you will consider my application to the MSA board.

Resume or Other Helpful Information:

NAME: Jan Bailey

ADDRESS: 2100 Valkyrie DR NW
Unit 106
Rochester, MN 55901

Phone: home 507 288 5335

EDUCATION: Master's Degree in Rehabilitation Counseling from Utah State University 2003
Bachelor of Arts degree, major sociology minor psychology Southwest State University Marshall, MN 1973
High school Bethlehem Academy Faribault, MN 1969

WORK EXPERIENCE: 2.5 years working in my own business, JB Rehabilitation Enterprises LLC providing rehabilitation teaching, Braille instruction, and adjustment to blindness classes for State Services for the Blind as a contract vendor, 31 years working as a rehabilitation counselor
For State Services for the Blind 300 11th Avenue Northwest Rochester, MN 55901 1801, 1978 to 12/21/2010, retired five years experience working as a social worker at Beverly Manor in Las Vegas, Nevada 1973 to 1978, film splicer 3 M. Dyna Color Northfield, MN summers and Christmas vacations from 1970 through 1972

COMMUNITY SERVICE: former board member of the National Federation of the Blind of MN, Chapter treasurer of the Rochester chapter of the National Federation of the Blind of MN, President, Lions 76 Club, Rochester, MN, member of the advisory council for the Minnesota State Academy for the Blind as the alumni and NFB representative
Former Member of the State Rehabilitation Advisory Council for State Services for the Blind, and chair of that council

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MAY -9 2013

President of the Senate