



**CHAMPAIGN COUNTY BOARD  
COMMITTEE AGENDA**

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**POLICY, PERSONNEL & APPOINTMENTS COMMITTEE**

*Thursday May 19, 2005 – 6:45 p.m.*

*Meeting Room 2*

*Brookens Administrative Center*

**IV. COUNTY BOARD**

**A. Appointment/Reappointments**

- 1. Correction to Susan Mauer's term ending to the County Board of Health from 5-31-2007 to 6-30-2007**
- 2. Public Aid Appeals Committee Appointments term ending 11-30-2006**
  - John Schmidt – Champaign Twp.
  - Ronald Starwalt – Colfax Twp.
  - George Burnison – Ludlow Twp.
  - Jill Moore – Philo Twp.
  - Dale Stierwalt – Tolono Twp.

**ADJOURNMENT**

*Champaign County  
Administrative Services  
1776 East Washington  
(217) 384-3772*

*Barbara Wysocki  
County Board Chair  
Del Busey, Denny Inman  
County Administrators*

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE PRINT IN BLACK INK

NAME: John D. Schmidt PHONE: (217) 352-9433 FAX: (217) 352-5877

ADDRESS: P.O. Box 3428 Champaign IL 61826-3428  
Street City State Zip

NAME OF APPOINTMENT BODY OR BOARD: Public Aid Appeals Committee

TITLE OF APPOINTMENT REQUESTED: \_\_\_\_\_

BEGINNING DATE OF TERM REQUEST: 5-19-05 ENDING DATE: 11-30-06

Champaign County appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

The Champaign County Board

1. What experience and background do you have which you believe qualifies you for this appointment/reappointment?

I have attended numerous General Assistance Training Seminars sponsored by  
Maxine E. Schultz General Assistance Training Institute and I have 6 1/2 years  
experience administrating the General Assistance program for Champaign  
Township.

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

When called upon, I would evaluate the facts surrounding General Assistance  
appeals to determine if the results are fair, just and in compliance with  
the guidelines. I would accomplish this by reviewing all relevant facts  
objectively.

3. What is your knowledge of the district/association's operations, specifically property holdings and management, staff, taxes, fees?

None

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

4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the board or commission for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)

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

If yes, please explain:

If an appeal is the result of a Champaign Township case.

\_\_\_\_\_

5. Would you be available to regularly attend the scheduled meeting of the Board district?

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

If no, please explain:

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

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

*[Handwritten Signature]*

Signature

Date: May 9, 2005

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE PRINT IN BLACK INK

NAME: RONALD STARWALT PHONE: 2175982592 FAX: \_\_\_\_\_

ADDRESS: 384 CR 600N SADORS ILL 61872  
Street City State Zip

NAME OF APPOINTMENT BODY OR BOARD: Public Aid Appeals Committee

TITLE OF APPOINTMENT REQUESTED: \_\_\_\_\_

BEGINNING DATE OF TERM REQUEST: 5-19-05 ENDING DATE: 11-30-06

Champaign County appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

The Champaign County Board

1. What experience and background do you have which you believe qualifies you for this appointment/reappointment?

10 years Township Supervisor of Colfax Township  
20 years Trustee of Colfax Township

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

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\_\_\_\_\_  
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\_\_\_\_\_  
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- 3. What is your knowledge of the district/association's operations, specifically property holdings and management, staff, taxes, fees?

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- 4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the board or commission for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)

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

If yes, please explain:

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- 5. Would you be available to regularly attend the scheduled meeting of the Board district?

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

If no, please explain:

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The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

Ronald Starwalt  
Signature

Date: 5/9/05

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

RECEIVED

PLEASE PRINT IN BLACK INK

MAY 12 2005

NAME: George Burnison PHONE: 217-893-3022 FAX: By: COUNTY BOARD

ADDRESS: 1538 County Rd 3360N Rantoul IL 61866  
Street City State Zip

NAME OF APPOINTMENT BODY OR BOARD: Public Aid Appeals Committee

TITLE OF APPOINTMENT REQUESTED: \_\_\_\_\_

BEGINNING DATE OF TERM REQUEST: 5-19-05 ENDING DATE: 11-30-06

Champaign County appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

The Champaign County Board

1. What experience and background do you have which you believe qualifies you for this appointment/reappointment?

I was a Township trustee for two terms and am starting my 3rd term as township supervisor. as such, I oversee the General Assistance Program for Judson Township.

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

General Assistance clients have a right to appeal a negative decision as to their case. The appeals committee would hear and evaluate the appeal and judge its validity.

- 3. What is your knowledge of the district/association's operations, specifically property holdings and management, staff, taxes, fees?

*I am familiar with County and Township operations and the General Assistance program*

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- 4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the board or commission for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)

Yes  No

If yes, please explain:

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- 5. Would you be available to regularly attend the scheduled meeting of the Board district?

Yes  No

If no, please explain:

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The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

*George E. Burwin*  
Signature

Date: *11 May 2005*