

AREA AGENCY ON AGING, PSA 2
 ADVISORY COUNCIL
 APPLICATION FORM

Representative for _____ County

Thank you for your interest in our program. Please print or type the following information.
 Feel free to attach continuation pages and/or letters of support.

Name:	____ I am a resident of _____ county. ____ I am not a resident, but I work in _____ county.
Address:	Home phone: Work phone: E-mail:
Occupation:	Employer:
Male ____ Female ____	Birthdate:
How long have you been a resident of this county?	
Race: Caucasian ____ Black ____ American Indian ____ Hispanic ____ Asian/Pacific Islander ____	
Do you have a disability? yes ____ no ____	
Are you a consumer of services funded by the Area Agency on Aging? yes ____ no ____ uncertain ____	
Are you employed by, or hold financial interest in, an agency receiving funds from the Area Agency on Aging? yes ____ no ____ uncertain ____	
Experience in working with older adults, elderly services programs, senior citizen centers, etc. (especially emphasize any leadership experience):	
Relevant organizations to which you belong:	

Special Interests:

I have reviewed the enclosed position description for Area Agency on Aging Advisory Council members. I understand that appointment to the position involves participation in the responsibilities of being a representative of my county to this council.

I agree to notify the Area Agency if a conflict of interest arises. I understand that I will be asked to resign should such a conflict occur, or if it is determined that I am not fulfilling the duties of the office.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision.

Signature of applicant and date:

DEADLINE FOR SUBMISSION IS AUGUST 16, 2019.

MAIL TO: AREA AGENCY ON AGING, PSA 2
ATTN: KARIN NEVIUS
40 WEST SECOND ST., SUITE 400
DAYTON, OH 45402

For Office Use Only:

Was applicant appointed? yes no

Type of appointment: new replacement

Effective date of appointment: