

AREA AGENCY ON AGING, PSA 2**ADVISORY COUNCIL****APPLICATION FORM****Representative for Logan 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:	<input type="checkbox"/> I am a resident of _____ county. <input type="checkbox"/> I am not a resident, but I work in _____ county.
Address:	Home phone: Work phone: E-mail:
Occupation:	Employer: Birthdate: / /
If applicable, how long have you been a resident of this county?	
Race: Caucasian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/>	
Do you have a disability? yes <input type="checkbox"/> no <input type="checkbox"/>	
Do you use or have experience with services funded by the Area Agency on Aging (such as congregate meals, Healthy U workshops, etc.)? yes <input type="checkbox"/> no <input type="checkbox"/> uncertain <input type="checkbox"/>	
Are you employed by, or hold financial interest in, an organization receiving funds from the Area Agency on Aging? yes <input type="checkbox"/> no <input type="checkbox"/> uncertain <input type="checkbox"/>	
Please check any of the following that apply to you:	
<input type="checkbox"/> Representative of a health care provider organization <input type="checkbox"/> Local elected official <input type="checkbox"/> Representative of a faith-based organization	
Please describe your experience working with older adults, elderly services programs, senior citizen centers, etc. (especially emphasize any leadership experience):	
I-11	
Relevant organizations you belong to:	

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 October 29, 2021.

E-MAIL TO: Kelsey Haus, Communications & Training Coordinator
khaus@info4seniors.org
Phone (937) 341-3020/ FAX (937) 341-3005

For Office Use Only:

Was applicant appointed? yes no

Type of appointment: new replacement

Effective date of appointment: