AREA AGENCY ON AGING, PSA 2
ADVISORY COUNCIL
APPLICATION FORM

Representative for Champaign 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 Champaign County. ☐ I am not a resident, but I work in Champaign 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 ☐ Black ☐ American Indian ☐ Hispanic ☐ Asian/Pacific Islander ☐

Do you have a disability? yes ☐ no ☐

Do you use or have experience with services funded by the Area Agency on Aging (such as congregate meals, Healthy U workshops, etc.)?

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 ☐

Please check any of the following that apply to you:

- ☐ Representative of a health care provider organization
- ☐ Local elected official
- ☐ 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):

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 FEBRUARY 28, 2020.

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: