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 the county. ____ I am not a resident, but I work in the 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 14, 2015.

MAIL TO: AREA AGENCY ON AGING, PSA 2
ATTN: ANN FINNICUM
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:		