



<p>Special Interests:</p>
<p>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.</p> <p>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.</p> <p>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.</p>
<p>Signature of applicant and date:</p>

**DEADLINE FOR SUBMISSION IS October 29, 2021.**

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

**For Office Use Only:**

Was applicant appointed?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Type of appointment:	new <input type="checkbox"/>	replacement <input type="checkbox"/>	
Effective date of appointment:			