AREA AGENCY ON AGING, PSA 2 ADVISORY COUNCIL APPLICATION FORM

Representative for Miami County

Dlagge print or typ

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:
	Birth year:
If applicable, how long have you been a resident of this county?	
Race: White/Caucasian □ African American/Black □ American Indian/Alaska Native □ Hispanic/Latino □ Asian/Asian American □ Native Hawaiian/other Pacific Islander □ prefer not to answer □ other □	
Do you have a disability? yes □ no □ prefer not to answer □	
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, ar Agency on Aging? yes □ no □	n agency receiving funds from the Area uncertain □
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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):	

ATTN: Kelsey Haus 40 WEST SECOND ST., SUITE 400 DAYTON, OH 45402	Relevant organizations to which you belong:	
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 May 20, 2022. AIL TO: AREA AGENCY ON AGING, PSA 2 ATTN: Kelsey Haus 40 WEST SECOND ST., SUITE 400 DAYTON, OH 45402 DO Office Use Only: Was applicant appointed? yes no no	Special Interests:	
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Type of appointment: new □ replacement □	Was applicant appointed? yes □ no □	
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