



<p>Relevant organizations to which you belong:</p>
<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 February 24, 2023.**

MAIL TO: AREA AGENCY ON AGING, PSA 2  
 ATTN: Kelsey Haus  
 40 WEST SECOND ST., SUITE 400  
 DAYTON, OH 45402

**For Office Use Only:**

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