AREA AGENC I ON AGING, PSA 2  ADVISORY COUNCIL	
APPLICATION I  Representative for	FORM <b>County</b>
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 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 □ American Indian/Alaska Native □ Hispanic/Native Hawaiian/other Pacific Islander □ pres	African American/Black □ Latino □ Asian/Asian American □ fer not to answer □ other □
Do you have a disability? yes □ no □ prefe	er not to answer $\square$
Do you use or have experience with services funded congregate meals, Healthy Living 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	l organization
Please describe your experience working with older citizen centers, etc. (especially emphasize any leader	• • • •

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 24, 2023.	
AIL TO: AREA AGENCY ON AGING, PSA 2 ATTN: Kelsey Haus 40 WEST SECOND ST., SUITE 400 DAYTON, OH 45402	
or Office Use Only:	
Was applicant appointed? yes □ no □	
Type of appointment: new □ replacement □	
Effective date of appointment:	