AREA AGENCY ON AGING, PSA 2 ADVISORY COUNCIL APPLICATION FORM

Representative for Preble County

interest in our program. Please print or type the following inform

Feel free to attach continuation pages and/or letter		
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 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 organization		
Please describe your experience working with older adults, elderly services programs, senior citizen centers, etc. (especially emphasize any leadership experience):		

Relevant or	rganizations to which you belong:
Special Inte	Prests:
Council me	ewed the enclosed position description for Area Agency on Aging Advisory embers. I understand that appointment to the position involves participation in the ities of being a representative of my county to this council.
-	otify the Area Agency if a conflict of interest arises. I understand that I will be sign should such a conflict occur, or if it is determined that I am not fulfilling the e office.
	at answers given herein are true and complete to the best of my knowledge. I nvestigation of all statements contained in this application as may be necessary in a decision.
Signature o	of applicant and date:
	DEADLINE FOR SUBMISSION IS September 29, 2023.
	AREA AGENCY ON AGING, PSA 2
	ATTN: Kelsey Haus 40 WEST SECOND ST., SUITE 400
	DAYTON, OH 45402
or Office Us	se Only:
Was applic	cant appointed? yes \(\square\) no \(\square\)
Type of ap	ppointment: new \(\) replacement \(\)
Effective of	date of appointment: