## 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 o	f this county?
-	African American/Black □ c/Latino □ Asian/Asian American □ refer not to answer □ other □
Do you have a disability? yes □ no □ pre	efer not to answer
Do you use or have experience with services funde congregate meals, Healthy Living workshops, etc.	
yes □ no □	uncertain
Are you employed by, or hold financial interest in Agency on Aging?	, an agency receiving funds from the Area
yes □ no □	uncertain
Please check any of the following that apply to you	u:
☐ Representative of a health ca	re provider organization
☐ Local elected official	
☐ Representative of a faith-bas	ed organization
Please describe your experience working with older adults, elderly services programs, senior citizen centers, etc. (especially emphasize any leadership experience):	

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:
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Signature of applicant and date:
DEADLINE FOR SUBMISSION IS March 15, 2024.
MAIL TO: AREA AGENCY ON AGING, PSA 2 ATTN: Kelsey Snowden 40 WEST SECOND ST., SUITE 400 DAYTON, OH 45402
For Office Use Only:
Was applicant appointed? yes □ no □
Type of appointment: new  replacement   Effective date of appointment: