

# Area Agency on Aging, PSA 2 Advisory Council Application Form

Representative for \_\_\_\_\_ County

Thank you for your interest in representing your county. Please print or type the following information. Feel free to attach additional pages and/or letters or support.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Preferred Phone & Type: \_\_\_\_\_ Age: \_\_\_\_\_

I am a resident of \_\_\_\_\_ County.

I am not a resident, but work in \_\_\_\_\_ County.

If applicable, how long have you been a resident of this county? \_\_\_\_\_

**Race:**  White/Caucasian  African American/Black  Hispanic/Latino  
 American Indian/Alaska Native  Asian/Asian American  Other  
 Native Hawaiian/other Pacific Islander  Prefer not to answer

**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 (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

Representative of a senior living community

Local elected official

Representative of a senior center

Representative of a faith-based organization

Other: \_\_\_\_\_

Please describe your experience working with older adults, elderly services programs, senior citizen centers, etc. (emphasize any leadership/volunteer experience):

[Empty text box for describing experience]

Relevant organization to which you belong:

[Empty text box for relevant organization]

Special Interests:

[Empty text box for special interests]

I have reviewed the position description for Area Agency on Aging Advisory Council members. I understand that appointment to the position involves active participation in the responsibilities of representing my county to this council.

I agree to notify the Area Agency on Aging 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.

[Empty line for signature and date]

Signature of applicant

Date

**DEADLINE FOR SUBMISSION: February 21, 2025**

**Mail to:** Area Agency on Aging, PSA 2  
Attn: Kelsey Snowden  
40 W 2nd Street Suite 400  
Dayton, OH 45402

Or email form to [ksnowden@info4seniors.org](mailto:ksnowden@info4seniors.org).