

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

☐ Local elected official

☐ Representative of a faith-based
organization

☐ Representative of a senior
living community

☐ Representative of a senior
center

☐ Other: _____



**AREA AGENCY
ON AGING**

937-223-HELP
www.info4seniors.org
Support is Our Strength.

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

Relevant organization to which you belong:

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.

Signature of applicant

Date

Mail to: Area Agency on Aging, PSA 2
Attn: Karin Nevius
220 East Monument Ave., Suite 200
Dayton, OH 45402

Or email form to **knevius@info4seniors.org**.