

# 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:**

- |  |  |
|--|--|
| <input type="checkbox"/> Representative of a health care provider organization | <input type="checkbox"/> Representative of a senior living community |
| <input type="checkbox"/> Local elected official                                | <input type="checkbox"/> Representative of a senior center           |
| <input type="checkbox"/> Representative of a faith-based organization          | <input type="checkbox"/> Other: _____                                |

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:

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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: Kelsey Snowden  
40 W 2nd Street Suite 400  
Dayton, OH 45402

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



**AREA AGENCY  
ON AGING**

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Support is Our Strength.