CHANGE, Inc.
Community Action Agency &
Community Health Center
3158 West St.
Weirton, WV 26062

www.changeinc.org

Moundsville Office
700 First St., Moundsville, WV 26041
Family Medical Care Weirton
3136 West St., Weirton, WV 26062
Family Medical Care Wintersville
200 Luray Dr., Wintersville, OH 43953
Family Medical Care Newell
1151 Washington St., Newell, WV 26050

BOARD MEMBER APPLICATION

CHANGE, Inc. is a community action and community health agency that serves northern West Virginia (Hancock, Brooke, Ohio, and Marshall Counties) and Jefferson County, Ohio as well as surrounding communities providing various programs and services to those in need.

Our mission is "to build partnerships, consolidate resources, and integrate services to empower families to overcome the causes of poverty and live healthy lives."

Please fill out the Board Member Application to the best of your ability:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Current position/employer: _____

List current or prior experience serving as a Board member for other non-profit organizations:

_____

_____

_____

Why are you interested in serving as a Board member for CHANGE, Inc.: _____

_____

_____

Do you know of any current Board members of CHANGE, Inc.: □ Yes ■ No

If Yes, please describe: _____

Employee Verification:

□ I verify that I am not an Employee of CHANGE, Inc., and that I am not an immediate family member of any current employee (spouse, child, parent, sibling)

Representation on the Board is broken down into three categories:

- **Public Members**, are those who are public officials or appointed by public officials.
- **Private Members**, represent the community and demonstrate expertise in fiscal management, social service or other business areas.
- **Low-Income Members**, are those who are considered low-income (living under 200% of the federal poverty line), live in a low-income designated area, represent a low-income neighborhood or population, or have been elected by an agency serving a low-income population.

In addition, at least 51% of the Board of Directors must be active patients of Family Medical Care or parents of patients of our School Based Health Centers, and be representative of the patient population in terms of race, ethnicity, gender, and economic status.

Board Sector Representation:

□ **Public** (Must supply verification of office or appointment when requested.)
- □ I am an elected official.
- □ I am appointed by an elected official.

Name of official/office: _____

□ **Private**

Areas of Expertise that could benefit the Board: _____

□ **Low-Income** (Must supply verification of income, community or election when requested.)
- □ My household income is at or below 200% of the Federal Poverty Guidelines.
- □ I live in or represent a low-income neighborhood/community.
- □ I will be elected by an agency serving a low-income population.

Name of Community or Agency: _____

Patient Representation:

□ I am an active patient of Family Medical Care
□ I am a parent of an active School-Based Health Center patient
□ I am willing to become an active patient of Family Medical Care
□ I am NOT an active patient, parent, or willing to become a patient of Family Medical Care

Service Area Representation:

	Hancock County	Brooke County	Ohio County	Marshall County	Jefferson County
I Live In	☐	☐	☐	☐	☐
I Work In	☐	☐	☐	☐	☐

Demographic Representation:

Gender: _____ Race: _____ Ethnicity: _____

Applicant Signature: _____ Date: _____