



— CHANGE, INC. —

CHANGE, Inc. is an equal opportunity provider & employer.

Main Office
 3136 West Street
 Weirton, WV 26062
P: 304.797.7733 **F:** 304.797.7740

Marshall County Office
 700 First Street
 Moundsville, WV 26041
P: 304.845.8269 **F:** 304.845.6411

www.changeinc.org   

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: _____
Please Attach Resume or Bio

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: _____

**Domestic Violence
 Awareness Center**
 3058 West Street
 Weirton, WV 26062
P: 304.748.0332

**Family Medical Care
 Main Office**
 3136 West Street
 Weirton, WV 26062
P: 304.748.2828

**Family Medical Care
 Ohio Office**
 200 Luray Drive
 Wintersville, OH 43953
P: 740.314.8258

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:

	<u>Hancock County</u>	<u>Brooke County</u>	<u>Ohio County</u>	<u>Marshall County</u>	<u>Jefferson County</u>
I Live In	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Work In	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

Applicant Signature: _____

Date: _____