



CHANGE, INC.

Main Office
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Weirton, WV 26062
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Moundsville Office
700 First St.
Moundsville, WV 26041
304.845.8269

Newell Office
1151 Washington St.
Newell, WV 26050
304.459.4010

Wintersville Office
200 Luray Dr.
Wintersville, OH 43953
740.314.8258

www.changeinc.org   

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

POTENTIAL BOARD MEMBER APPLICATION

CHANGE, Inc. (Christians Helping Arrange New Growth Enterprises) was formed in 1983 by a handful of clergy members who wished to aid families affected by the layoffs from Weirton Steel.

Our board is unique and is comprised of representation from the 1/3 low-income, 1/3 private and 1/3 public sectors of the communities for which we serve. Representatives sitting on the board must also meet the federal requirement of 51% users of the Community Health Center. Representatives of the 1/3 low-income sector, must be elected by their peers which actions submitted on letterhead to the CEO of CHANGE, Inc.

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

Full Name: _____ Preferred Name: _____

Address: _____

County: _____

Contact Phone Number: _____ Email: _____

Information required for federal funding sources:

Social Security Number: _____ DOB: _____

Birthplace: City _____ State: _____

Driver's License #: _____ State: _____ Expiration Date: _____

Current position/employer: _____

Please Attach Resume or Bio

Areas of Expertise that could benefit the Board: _____

Representation on the Board is broken down into 3 categories:

1/3 Public – appointment through city, county or state government

1/3 Private – US Citizen

1/3 Low-Income – Representing target population groups such as public housing recipients, head start, public school systems, homeless, low-income neighborhoods, etc. or an individual falling at/or below the federal poverty guidelines.

Are you currently employed by, or serving on any other entity that fits the criteria for 1/3 Low-income:

Yes ___ No ___

Do you financially fall at/or below 150% of the 2020 Federal Poverty Guidelines?

Yes ___ No ___

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: _____

As a requirement for our federal funding sources, you must be willing to utilize Family Medical Care for any of your Healthcare needs (i.e. Dental, Medical or Behavior Health at least once during a two-year period.) Are you willing to fulfill this requirement: Yes ___ No ___

Applicant Signature: _____

Date: _____