



AKWESASNE REVIEW COMMISSION

Akwesasne Review Commission Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Mailing Address: _____
Address Apartment/Unit #

City Province / State Postal Code/ Zip Code

(if applicable)

Physical Address: _____
Address Apartment/Unit #

City Province/ State Postal Code/ Zip Code

Home Phone: _____ Email: _____

Cell Phone: _____

Status Card # _____

Residing District

- Kawehno:ke (Cornwall Island)
- Kana:takon (Saint Regis)
- Tsi Snaihne (Snye)
- Akwesasne South
- Off Territory

Disclaimer and Signature

I am a Member of the Mohawks of Akwesasne and I have knowledge of Mohawk cultures and traditions. I have good character, credibility and reputation in the Akwesasne community.

I have good communication skills and I am “in good standing” as defined in the Akwesasne Good Standing Policy.

I have adequate education and relevant work or life experience, and possess an interest in the settling of disputes.

I am not an elected member of the Mohawk Council of Akwesasne, or the Saint Regis Mohawk Tribal Council, or an employee of the Akwesasne Justice Department.

I am at least 35 years of age and I am not a Tsionkweta Teshakowennakhwa (Duty Counsel) or Raontiwenakara:tats (Prosecutor);

I have never have been convicted of an offense under the Akwesasne Banishment Law, the Akwesasne Drug Law, an indictable offense in Canada or a felony in the United States. And I have not been previously removed from the Akwesasne Review Commission.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an appointment to the Akwesasne Review Commission, I understand that false or misleading information may result in the rejection of this application.

Signature: _____ Date: _____

Note: Provide us with the completed forms, the Paralegal will run the verification.

Package Checklist

(Please Check)

Letter of Interest.

MCA Membership Confirmation Form.

Good Standing Policy Authorization.

AMPS- Criminal Records Check.

Office Use Only

<input type="checkbox"/> Completed Application Rev'd by: _____



POLICE INFORMATION CHECK (PIC) (LEVEL 2)

UNIT 1: TO BE COMPLETED BY APPLICANT
 Mailing Address, (name, street, city, province, postal code)
MUST PRINT LEGIBLY UNDER EACH HEADING

Date of Request

Last Name	First Name	Middle Name			
# and Street Name #	Apt/Unit	Maiden Name or other Surnames used	Other First Names		
City	Province	Postal Code	Date of Birth(Y-M-D)	Place of Birth	Gender

Address History—please fill out if resident address differs from mailing address and/or if resided OUTSIDE of the region in the past 3 years

Street Name and # (please state below)	Apt/Unit #	City	Province	Postal Code	# of years

Reason for Request (State Below)	Self-Declaration (if applicable)
Reason: (Volunteer/employment? Employer/agency? Position? Please specific)	<input type="checkbox"/> Declaration of Criminal Record Attached

UNIT2: POLICE USE ONLY—One Box Must Be Checked for Each Section

1. RESULTS FOR NAME—BASED CRIMINAL RECORD VERIFICATION

1	<input type="checkbox"/>	NEGATIVE	<p>Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records did NOT identify any records with name(s) and date of birth of the applicant. Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminals Records. Not all offences are reported to the RCMP National Repository of Criminal Records.</p>
2	<input type="checkbox"/>	INCOMPLETE	<p>Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records could not be completed. Positive identification that a criminal record does or does not exist required the applicant to SUBMIT FINGERPRINTS to the RCMP National Repository of Criminal Records by an authorized police service or accredited private fingerprinting company. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.</p>
3	<input type="checkbox"/>	POSSIBLE MATCH (See attached page for details)	<p>Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records has resulted in a POSSIBLE match to a registered criminal record. Positive identification that a criminal record does or does not exist required the applicant to SUBMIT FINGERPRINTS to the RCMP National Repository of Criminal Records by an authorized police service or accredited private fingerprinting company. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.</p>

2. RESULTS OF FINGERPRINT COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS

<input type="checkbox"/>	NO RECORDS IDENTIFIED—See Attached
<input type="checkbox"/>	RECORDS IDENTIFIED—See attached
<input type="checkbox"/>	NOT APPLICABLE

3. RESULTS OF INVESTIGATIVE DATABANK AND LOCAL INDICES RESULTS

<input type="checkbox"/>	NEGATIVE—No information was revealed that can be disclosed in accordance with federal laws and RCMP policies
<input type="checkbox"/>	POSITIVE—See attached page(s) for details.

Date of search : _____ Dispatcher: _____

Akwasasne Review Commission Application Package

UNIT 2: POLICE USE ONLY CON'T

Officer Name	Badge No.	Receipt no.	Fee:
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IDENTIFICATION—One Form MUST be Government Issued and include applicant's name, date of birth, signature and photo of applicant

Type of I.D Produced	ID number
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Type of I.D. Produced	ID number
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CONTACT INFORMATION

Res. Phone	Bus. Phone	Cell Phone
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The Police Information Check will include the following released as either a criminal record or police contact information:

- Criminal convictions (summary and indictable) from CPIC and/or local databases.
- Outstanding entries, such as charges and warrants, judicial orders, Peace Bonds, Probations and Prohibition Orders. As per CPIC policy, information obtained from the Investigative Databank must be confirmed and authorized for release by the contributing agency.
- Absolute and conditional discharges from local database only.
- Family Court Restraining Orders.
- Charged and processed by other means such as Diversion will be released as police contact only.
- Dispositions including, but not limited to, Withdrawn, Dismissed, and cases of Not Criminally Responsible by Reason of Mental Disorder.
- A review of all available police contacts including but not limited to theft, weapons, sex offences, or violent, harmful and threatening behavior.

1. I hereby release and discharge the Akwasasne Mohawk Police Service and all members and employees of the said Service from any and all actions, claims, and demands for damages, loss, or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Police Service. I hereby authorize the Akwasasne Mohawk Police Service to inquire into and disclose the results of any police records indicating criminal convictions, conditional and absolute discharges, outstanding criminal charges to me and to conduct a local police contact search with any Police Service in Canada.
2. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent, understand it and agree to it in its entirety.

Applicant's Name: (Please Print) _____

Applicant's Signature _____

MOHAWK COUNCIL OF AKWESASNE

CONFIRMATION OF MCA ACCOUNTS CURRENT AND IN GOOD STANDING

Please check if you have any of the following accounts and specify if your account is current and in good standing:

Departments Programs and Services	√ Yes	√ No	Current & in Good Standing Yes No N/A
Akwesáhsne Mohawk Board of Education • Hot Lunch Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Akwesasne Mohawk Court • Mohawk Court Fines • Mohawk Court Ordered Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Department of Central Resources Services Computer Services • Employee Purchase Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Department of Economic Development • Peace Tree Trade Centre Rent • Stanley Island Cabin Rent • Other Rental Unit • Non-compliance of Economic Development Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Department of Finance • Consultants • Other Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Department of Housing • Housing Loans (House, Cap, Renovation, Emergency, Wells & Septic, Upgrade) • Rental Units • Rent to Own Homes • Bank Mortgages that are guaranteed By Mohawk Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Department of Social • Day Care Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Department of Technical Services • Contract for Services such as Construction, Snow Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

The undersigned applicant hereby declares the information given on this application is true and is aware it is subject to verification.

The undersigned applicant understands and gives irrevocable authority to the above identified department, programs or services to release any and all information pertaining to me, that you may release the information to the Paralegal to verify that all accounts identified above are current and in good standing

In so doing, I the undersigned furthermore release you from all manner of actions, cause of actions or any other form of relief that may accrue to me, my heirs, executors, administrators or assigns as a result of the release of such information.

I/we also understand by making a false claim my/our application may be denied.

Signed in the presence of a witness this:

Date

Applicants Signature

Date

Witness Signature



MOHAWKS OF AKWESASNE
Membership Confirmation

Please Fill out the information below and submit this form to the attention of the Mohawk Council of Akwesasne, Office of Vital Statistics, in order to confirm your membership status in accordance with the Akwesasne Membership Code.

Name: _____

Date of Birth: _____

INAC Registry #: _____
(Status Card Number)

NOTE: The office of Vital Statistics is located in the MCA Cornwall Island Administration Building III at 101Tewasateni Road, Akwesasne Ontario K6H 0G5.

The Office of Vital Statistics is to complete this portion to confirm your membership status in accordance with Akwesasne Membership Code.

MEMBERSHIP STATUS

- Member in accordance with the Akwesasne Membership Code.....
- Probationary Member in accordance with the Akwesasne Membership Code.....
- Expiration Date of Probation Period: _____
- Non-member in accordance with Akwesasne Membership Code.....

DATE

MANGER/MAMBERSHIP OFFICER
OFFICE OF VITAL STATISTICS