

AKWESANE REVIEW COMMISSION

Akwesasne Review Commission Application

	Applicar	nt 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 Dis	strict			
	Kawehno:ke (Cornwall Island)	ana:takon (Saint Regis)	Tsi Snaih	nne (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 Raontiwennakara: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.

Completed Application

Rev'd by:

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 for	ms, the Paralegal will run the verification.
	Package	Checklist
	(Please C	rheck)
	Letter of Interest.	MCA Membership Confirmation Form.
	Good Standing Policy Authorization.	AMPS- Criminal Records Check.
Office Use On	ly	

Mail	ing Add	BE COMPLETED BY API ress, (name, street, city, LEGIBLY UNDER EAC	province, postal coo	ie)			Date	e of Request			
	Name			First Name				Middle Name			
# and	d Street I	Name		Apt/Unit	Maiden Name or of	her Surn	ames us	sed	Other Firs	st Names	
City		Prov	rince	Postal Code	Date of Birth(Y-N	1-D) F	Place of I	Birth			Gender
Addı	ress Hist	tory—please fill out if re	sident address differ	s from mailing address	ss and/or if resided	OUTSIDE	E of the	region in the p	east 3 years	S	
Stree	et Name	and # (please state belo	w)	Apt/Unit#	C	ity		Province		Postal Code	# of years
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Reas	on: (Vol	unteer/employment? Em	ployer/agency? Positi	on? Please specific)			-	Declaration o	of Crimina	I Record Atta	ched
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UNIT 2: POLICE USE ONLY CON'T			1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
Officer Name		Badge No.	Receipt no.	Fee:	
IDENTIFICATION—One Form MUST be Government !	ssued and include appl	icant's name, date o	f birth, signature	and photo of applicant	
Type of I.D Produced		ID number	, ,	F	
Type of I.D. Produced		ID number			
CONTACT INFORMATION					
Res. Phone	Bus. Phone		Cell Phone		
 Criminal convictions (summary and indictable) Outstanding entries, such as charges and was information obtained from the Investigative Absolute and conditional discharges from loc Family Court Restraining Orders. Charged and processed by other means such Dispositions including, but not limited to, With a review of all available police contacts inclubed behavior. 	rrants, judicial orders, F Databank must be conf cal database only. as Diversion will be related as Diversion will be related.	Peace Bonds, Probati irmed and authorize eased as police conta id cases of Not Crimi	d for release by th act only. nally Responsible	by Reason of Mental Disorder.	
 I hereby release and discharge the Akwesasr actions, claims, and demands for damages, lo disclosure of information by the Police Servic results of any police records indicating crimin conduct a local police contact search with an I certify that the information provided by me consent, understand it and agree to it in its e 	oss, or injury howsoever e. I hereby authorize the al convictions, condition y Police Service in Cana in this application is tru	rarising which may hole Akwesasne Moha nal and absolute disi da.	ereafter be sustai wk Police Service charges, outstand	ined by myself as a result of the to inquire into and disclose the ing criminal charges to me and to	
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
Ahkwesáhsne Mohawk Board of Education Hot Lunch Program			
Akwesasne Mohawk Court Mohawk Court Fines Mohawk Court Ordered Payments			
Department of Central Resources Services Computer Services • Employee Purchase Plan			
 Department of Economic Development Peace Tree Trade Centre Rent Stanley Island Cabin Rent Other Rental Unit Non-compliance of Economic Development Programs 			
Department of Finance			
 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 			
Department of Social • Day Care Program			
Department of Technical Services Contract for Services such as Construction, Snow Removal			

Akwesasne Review Commission Application Package

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 is Building III at 101Tewasateni Road, Akwesasne O	
The Office of Vital Statistics is to complete this paccordance with Akwesasne Membership Code.	portion to confirm your membership status in
MEMBERSHIP STATUS	
Member in accordance with the Akwesasne Member	ership Code
Probationary Member in accordance with the Akwe	esasne Membership Code
Expiration Date of Probation Period:	
Non-member in accordance with Akwesasne Memb	bership Code
DATE	MANGER/MAMBERSHIP OFFICER OFFICE OF VITAL STATISTICS