



## COMMUNITY NOTICE

For Immediate Release:

Tsiothóhrha/December 7, 2020

### **CALLOUT FOR AKWESASNE REVIEW COMMISSION MEMBERS**

The Mohawk Council of Akwesasne is currently filling three (3) vacant seats on the Akwesasne Review Commission (ARC). Two (2) vacant seats for the district of Kana:takon, with a term of three (3) years; and one (1) vacant seat for the district of Tsi Snaihne, with a term of three (3) years.

The Akwesasne Review Commission was established as an independent body to hold every Justice and every member of a Decision-Making Body accountable to the community by enabling their conduct to be examined fairly and impartially pursuant to the Charter. The Akwesasne Review Committee shall have exclusive responsibility to receive, investigate and decide upon a Complaint made in respect of the conduct of every Justice and every member of a Decision-Making Body.

The Honorarium rate for this position is determined by Council's Honorarium Policy, which is \$25-hourly for meetings, training and investigation or Complaint related sessions.

To qualify for an appointment to the Akwesasne Review Commission, a candidate must:

- a) be a Member
- b) have attained the age of thirty-five (35) years of age;
- c) have been a in the territory of a First Nation for a least ten(10) years and within the past fifteen (15) years;
- d) have good character, credibility and reputation in the Akwesasne community;
- e) have knowledge of Mohawk cultures and traditions;
- f) have adequate education and relevant work or life experience, and possess an interest in the settling of disputes;
- g) not be an elected member of Council or the Saint Regis Mohawk Tribal Council, an employee of the Akwesasne Justice Department;
- h) Not be a Tsionkweta Teshakowennakhwa (Duty Counsel) or Raontiennakara:tats (Prosecutor);
- i) 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;
- j) not have been convicted of an offense under Akwesasne Law, a summary conviction offense in Canada, or a misdemeanor in the United States in the past five(5) years;
- k) produce to the Director of the Akwesasne Justice Department a valid certificate from the Canadian Police Information Centre;
- l) never have been previously removed from the Akwesasne Review Commission; and
- m) be considered as "in good standing" with the Akwesasne Good Standing Policy.

# MOHAWK COUNCIL OF AKWESASNE

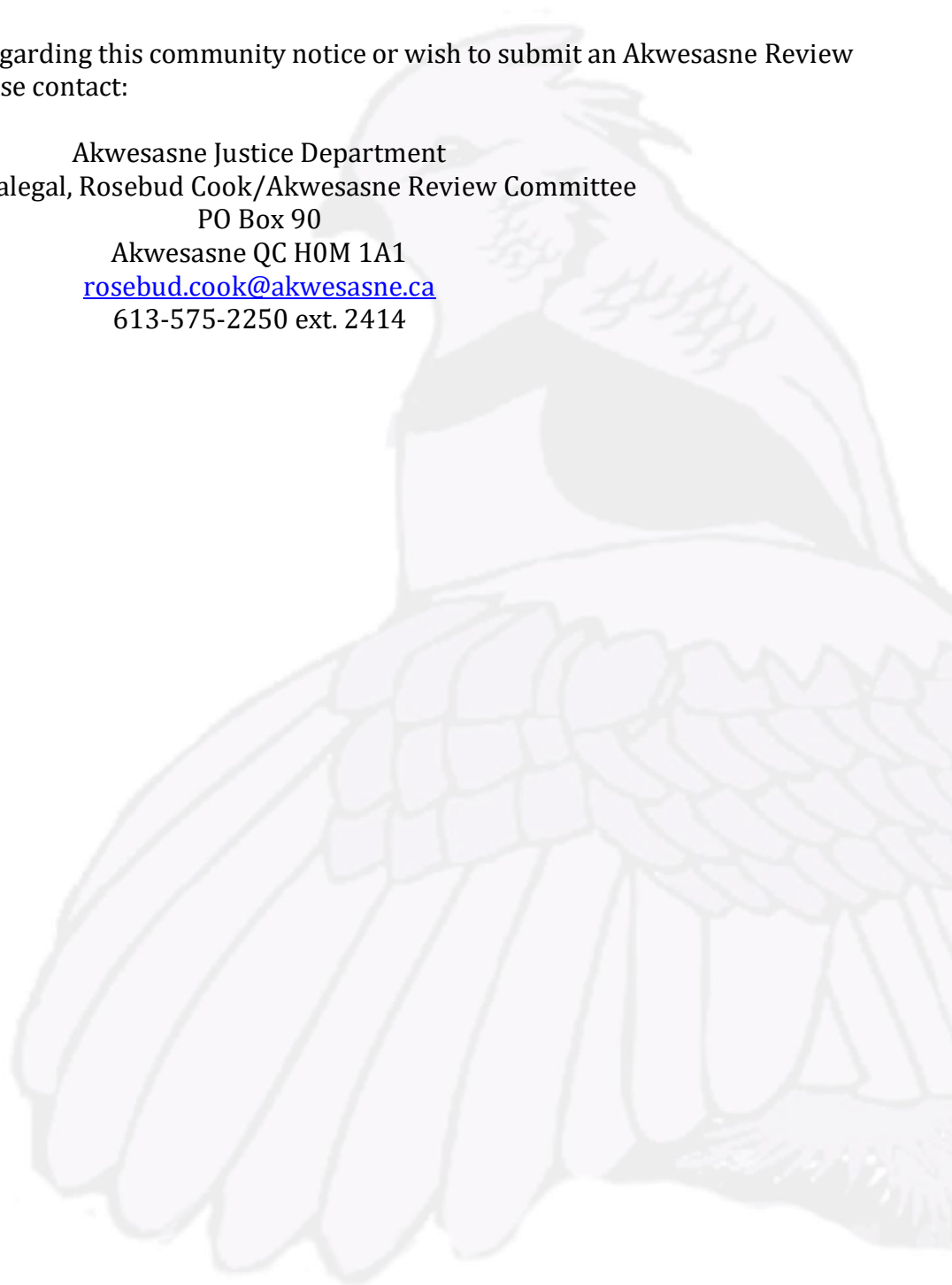
Sustaining our inherent rights, facing challenges together, and building a strong and healthy future.

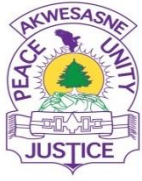


Call-out is open until all positions are filled.

If you have any questions regarding this community notice or wish to submit an Akwesasne Review Committee Application please contact:

Akwesasne Justice Department  
Attn.: Paralegal, Rosebud Cook/Akwesasne Review Committee  
PO Box 90  
Akwesasne QC H0M 1A1  
[rosebud.cook@akwesasne.ca](mailto:rosebud.cook@akwesasne.ca)  
613-575-2250 ext. 2414





# AKWESANE REVIEW COMMITTEE

## 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

- a) be a Member
  - b) have attained the age of thirty-five (35) years of age;
  - c) have been a in the territory of a First Nation for a least ten(10) years and within the past fifteen (15) years;
  - d) have good character, credibility and reputation in the Akwesasne community;
  - e) have knowledge of Mohawk cultures and traditions;
  - f) have adequate education and relevant work or life experience, and possess an interest in the settling of disputes;
  - g) not be an elected member of Council or the Saint Regis Mohawk Tribal Council, an employee of the Akwesasne Justice Department;
  - h) Not be a Tsionkweta Teshakowennakhwa (Duty Counsel) or Raontiennakara:tats (Prosecutor);
  - i) 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;
  - j) not have been convicted of an offense under Akwesasne Law, a summary conviction offense in Canada, or a misdemeanor in the United States in the past five(5) years;
  - k) produce to the Director of the Akwesasne Justice Department a valid certificate from the Canadian Police Information Centre;
  - l) never have been previously removed from the Akwesasne Review Commission; and
  - m) be considered as “in good standing” with the Akwesasne Good Standing Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Provide us with the completed forms, the Justice Coordinator 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

☐ 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)**
☐ 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	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.
2	<input type="checkbox"/>	INCOMPLETE	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.
3	<input type="checkbox"/>	POSSIBLE MATCH  (See attached page for details)	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.

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

- ☐ NO RECORDS IDENTIFIED—See Attached  
☐ RECORDS IDENTIFIED—See attached  
☐ NOT APPLICABLE

**3. RESULTS OF INVESTIGATIVE DATABANK AND LOCAL INDICES RESULTS**

- ☐ NEGATIVE—No information was revealed that can be disclosed in accordance with federal laws and RCMP policies  
☐ POSITIVE—See attached page(s) for details.

**Date of search :**
**Dispatcher:**

<b>UNIT 2: POLICE USE ONLY CON'T</b>			
Officer Name		Badge No.	Receipt no. Fee:
<b>IDENTIFICATION—One Form MUST be Government Issued and include applicant's name, date of birth, signature and photo of applicant</b>			
Type of I.D Produced		ID number	
Type of I.D. Produced		ID number	
<b>CONTACT INFORMATION</b>			
Res. Phone		Bus. Phone	Cell Phone
<p>The Police Information Check will include the following released as either a criminal record or police contact information:</p> <ul style="list-style-type: none"> <li>• Criminal convictions (summary and indictable) from CPIC and/or local databases.</li> <li>• 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.</li> <li>• Absolute and conditional discharges from local database only.</li> <li>• Family Court Restraining Orders.</li> <li>• Charged and processed by other means such as Diversion will be released as police contact only.</li> <li>• Dispositions including, but not limited to, Withdrawn, Dismissed, and cases of Not Criminally Responsible by Reason of Mental Disorder.</li> <li>• A review of all available police contacts including but not limited to theft, weapons, sex offences, or violent, harmful and threatening behavior.</li> </ul>			
<p>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.</p> <p>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.</p>			
Applicant's Name: (Please Print) _____			
Applicant's Signature _____			

## Attachment "A"

## 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Akwesasne Mohawk Court			
• Mohawk Court Fines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Mohawk Court Ordered Payments			
Department of Central Resources Services			
Computer Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Employee Purchase Plan			
Department of Economic Development			
• Peace Tree Trade Centre Rent			
• Stanley Island Cabin Rent			
• Other Rental Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Non-compliance of Economic Development Programs			
Department of Finance			
• Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Other Loans			
Department of Housing			
• Housing Loans (House, Cap, Renovation, Emergency, Wells & Septic, Upgrade)			
• Rental Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
• Rent to Own Homes			
• Bank Mortgages that are guaranteed By Mohawk Council			
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 Chief Referendum Officer to verify that all accounts identified above are current and in good standing when determining my financial eligibility and evaluating programs offered by the Mohawk Council of Akwesasne.

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

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature



# Akwesasne Legislative Commission Application Package



## 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