



**Akwesasne Community Justice Program**  
**Community Neh-Kanikonri:io Council Application**

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home / Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

When can we contact you? Anytime Work Home Evenings

\*\*\*\*\*

Are you a Member of the Mohawks of Akwesasne: Yes No

Do you have a criminal record? Yes No

If yes, please explain. Was Violence involved? How long ago? How have you changed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills or training from your work experience can you bring to Community Neh-Kanikonri:io Council and to the Community members \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you attend training/conferences/workshops related to mediation, Alternative Dispute Resolution, Community/Restorative Justice, or any other topics that could enhance your knowledge of being a facilitator?

Yes or No

Considering your life experience, identify any gifts or skills you bring to the Community Neh-Kanikonri:io Council that would assist an offender to build self-confidence and to contribute to society (or assist in not reoffending): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Would you be available days or evenings to be a Community Neh-Kanikonri:io Council Member? Yes No \_\_\_\_\_

Why are you interested in becoming a member of the Community Neh-Kanikonriio Council member? \_\_\_\_\_

Tell me about a time when you apologized to someone? What was the outcome and where is the relationship now with that person?

---

---

---

Part of being a member of the Community Neh-Kanikonri:io Council is knowing what community services, community events and cultural teachings are available. How would you prepare yourself to be able to give recommendations to participant?

---

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The Akwesasne Community Justice Program is committed to protecting the privacy of its participant's youth and adult. Upon acceptance you will also be required to Sign an Oath of Confidentiality. All Community Neh-Kanikonri:io Council members MUST sign an Oath of Confidentiality.**

Please return application to Rena Smoke, Program Manager at [rena.smoke@akweasne.ca](mailto:rena.smoke@akweasne.ca).

For further information, please call 613-575-5000 ext. 2409.