



# TRUST OVERSEER Application

**Due Date for Applications:  
OPEN UNTIL FILLED**

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

# THE MOHAWKS OF AKWESASNE SETTLEMENT TRUST TRUST OVERSEERS APPLICATION - FORM 1

(Please Print)

Today's date:						
<b>PERSONAL INFORMATION</b>						
Last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
Former surname(s), if any	Alias(es), if any	Place of birth:		Birth date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Current Street/Civic address:			Membership #	Main contact phone #: (     )		
P.O. Box:	City:	State/Prov:		Postal code:		
Previous Address:	City:	State/Prov:		Postal code: (     )		

### ADDITIONAL DOCUMENTS REQUIRED FOR APPLICATION PACKAGE: OPEN UNTIL FILLED

- Letter of interest
- Copy of Identification (License; Status Card; Tribal ID; Passport; etc.)
- Resume
- Declaration of non- discharged bankruptcy or insolvency - **Form 2**
- Statement of disclosure of criminal record - **Form 3**
- Statement of agreement to resign office (For Members of Council ) - **Form 4**
- Completed Membership Verification \* **Must** be Certified by Office of Vital Statistics - **Form 5**

### COMPLETED APPLICATION PACKAGES CAN BE DELIVERED:

- TO CHELSEA FRANCIS, MOHAWK GOVERNMENT – ADMINISTRATION BLDG NO. 1 - KANATAKON 12 AKWESASNE STREET;
- BY MAIL AT BOX 90 AKWESASNE, QC H0M 1A0, OR;
- VIA EMAIL IN PORTABLE DOCUMENT FORMAT (PDF.) TO [chelsea.francis@akwesasne.ca](mailto:chelsea.francis@akwesasne.ca)

**FOR MORE INFORMATION CALL CHELSEA FRANCIS AT 613-575-2250 EXT 2164.**

The above information is true to the best of my knowledge. I authorize the Mohawks of Akwesasne Settlement Trust Overseers and Internal Technical Team to verify any information that I have provided. I understand that the information provided will be protected and used only for the purposes of evaluating my application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FORM 2**

**DECLARATION**

For the purposes of disclosure to the Mohawks of Akwesasne Settlement Trust Internal Technical Team and Overseers application process , I declare that I, \_\_\_\_\_  
Membership Enrollment Number \_\_\_\_\_ , am not in the process of un-discharged bankruptcy,  
nor am I insolvent.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FORM 3**

**DISCLOSURE OF CRIMINAL RECORD**

For the purposes of disclosure to the Mohawks of Akwesasne Settlement Trust Internal Technical Team and Overseers application process , I declare that I, \_\_\_\_\_  
Membership Enrollment Number \_\_\_\_\_ , have not not been convicted of an offence under the Criminal Code R.S.C. 1985, the Controlled Drugs and Substances Act 1996 c.19, or comparable offences under the federal or state laws of the United States of America

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FORM 4**

**STATEMENT OF AGREEMENT**

For the purposes of application to the Mohawks of Akwesasne Settlement Trust Board of Trustees, I \_\_\_\_\_, agree to resign from my elected position within the Mohawk Council of Akwesasne upon my appointment as Trustee.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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 101 Tewasateni Road, Akwesasne, Ontario K6H 5R7.

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MANAGER/MEMBERSHIP OFFICER  
OFFICE OF VITAL STATISTICS