



# Community Trustee Application

**Due Date for Applications  
Monday, June 17, 2024 at 12:00 Noon**

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

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

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

## **MOHAWKS OF AKWESASNE COMMUNITY SETTLEMENT TRUST COMMUNITY TRUSTEE APPLICATION**

Please use this checklist to ensure your application package is complete. All applicable forms and additional documents **MUST** be completed and included in your application package. Incomplete applications will not be reviewed by the Trust Overseers and Internal Technical Team.

Forms to be completed within this application:

- Form 1: Community Trustee Application Form
- Form 2: Declaration Regarding Undischarged Bankruptcy or Insolvency
- Form 3: Statement of Disclosure of Criminal Record
- Form 4: Statement of Agreement to Resign from Office (only applicable for members of Council)
- Form 5: Completed Membership Confirmation (**MUST** be certified by the Office of Vital Statistics)
- Form 6: Statement of Eligibility for Bonding
- Form 7: Statement Regarding Past Removal as Community Trustee
- Form 8: Statement of Agreement Regarding Trust and Accreditation

Documents to be included on separate pages:

- Letter of Interest –your Letter of Interest should include the following:
  - How you demonstrate common sense in connection with your day-to-day activities in the community;
  - If you possess any special skill or knowledge which may be of benefit to the Trustees;
  - Examples which speak to whether you have the respect of other Members in the community;
  - How you have contributed to the betterment of the Mohawks of Akwesasne and the community; and
  - Whether you have the ability to communicate in the Mohawk language.
- Detailed Resume
- Copy of Identification (license, status card, tribal I.D card., passport)

### **Please Note**

Section 4.2 of the Mohawks of Akwesasne Community Settlement Trust sets out eligibility criteria to be a Community Trustee. Subsection 4.2(c) reads: “*the Eligible Member must not have been adjudged or declared to be mentally incompetent or incapable of managing his or her own affairs by a court of competent jurisdiction.*”

**Completed application packages can be delivered to:**

Fallan Jacobs, Government Support Manager

Administration Building #1, 12 Akwesasne Street, Akwesasne, Quebec

For more information, please call Fallan Jacobs at 613 575-2250 ext. 2164 or email [fallan.jacobs@akwesasne.ca](mailto:fallan.jacobs@akwesasne.ca).

**Confirmation**

All information pursuant to the Mohawk Council of Akwesasne policy will be held in confidence and can only be released to the Internal Technical Team, Trust Overseers, and Mohawk Council of Akwesasne subject to the provisions of the *Access to Information and Protection of Privacy Regulation* of the Mohawk Council of Akwesasne. A copy of the Regulation can be obtained from the Mohawk government office located at the Mohawk Council of Akwesasne, Administration Building #1, 12 Akwesasne Street, Akwesasne, Quebec.

**Declaration and Signature**

The information contained in this application is true to the best of my knowledge. I authorize the Mohawks of Akwesasne Settlement Trust Internal Technical Team, Trust Overseers, and the Council to use this information for the purpose evaluating my Community Trustee application and to verify any information I have provided. I understand that the information provided will be protected and used only for the purpose of evaluating my application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Community Trustee Application Form**

*(Please Print)*

Today's date:			
<b>PERSONAL INFORMATION</b>			
Last Name:		First Name:	Middle:
Former Surname(s) if any:	Are you: <input type="checkbox"/> 18 years of age or older <input type="checkbox"/> Under 18 years of age		Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Civic Address:		Membership #	Main Contact # (   )
P.O. Box:	City:	Prov/State:	Postal/Zip Code:
Previous Address:	City:	Prov/State:	Postal/Zip Code:
Are you a current member of Council? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Declaration Regarding Undischarged Bankruptcy or Insolvency**

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Statement of Disclosure of Criminal Record**

For the purposes of disclosure to the Mohawks of Akwesasne Settlement Trust Internal Technical Team and Trust Overseers application process, I declare that I, \_\_\_\_\_ Membership Enrolment Number \_\_\_\_\_, have not been convicted of an offence under the Criminal Code R.S.C. 1985, the Controlled Drugs and Substance Act 1996 c19, or comparable offences under the federal or state laws of the United States of America.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Statement of Agreement to Resign from Office  
(only applicable for members of Council)**

For the purposes of my application to seek appointment as a Community Trustee of the Mohawks of Akwesasne Community Settlement Trust, I \_\_\_\_\_, agree to resign from my elected position on the Mohawk Council of Akwesasne if I am selected for appointment as a Community 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:    
(First Name, Last Name)

Date of Birth:   
(Month/Day/Year)

INAC Registry #   
(Status Card Number)

NOTE: The Office of Vital Statistics is located in MCA Cornwall Island Administration Building III (CIA3) at 101 Tewaseteni Road, Akwesasne, Ontario K6H 0G5.

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 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 or MEMBERSHIP OFFICER  
OFFICE OF VITAL STATISTICS



**Statement of Eligibility for Bonding**

For the purposes of my application to seek appointment as a Community Trustee of the Mohawks of Akwesasne Community Settlement Trust, I certify that I \_\_\_\_\_, would be eligible for bonding upon my appointment as Community Trustee.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Statement Regarding Past Removal as Community Trustee**

For the purposes of my application to seek appointment as a Community Trustee of the Mohawks of Akwesasne Community Settlement Trust, I confirm that I \_\_\_\_\_, have not been removed as a Community Trustee within the previous twelve (12) month period.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Statement of Agreement Regarding Trust and Accreditation**

For the purposes of my application to seek appointment as a Community Trustee of the Mohawks of Akwesasne Community Settlement Trust, I \_\_\_\_\_ agree that, if I am selected for appointment as a Community Trustee, I will become a party to, and be bound by, the terms of the Mohawks of Akwesasne Community Settlement Trust and will faithfully and to the best of my abilities carry out the duties of Community Trustee, by signing the Trustee's Certificate in Schedule "B" of the Trust.

Further, I \_\_\_\_\_ agree that, if I am selected for appointment as a Community Trustee, I will have obtained or will obtain within the first nine (9) months of my appointment, introductory level trustee accreditation from the National Aboriginal Trust Officers Association of Canada (NATOA) or from such successor organization or other qualified training centre that may exist from time to time.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date