



TRUST OVERSEER Application

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

Received by: _____

Date Received: _____

Time Received: _____

TRUST OVERSEERS APPLICATION - FORM 1

(Please Print)

Today's date:							
PERSONAL INFORMATION							
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- undischarged 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 TAYLOR ARMSTRONG, 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 taylor.armstrong@akwesasne.ca

FOR MORE INFORMATION CALL TAYLOR ARMSTRONG AT 613-575-2250 EXT 2163

The above information is true to the best of my knowledge. I authorize [Name of Practice]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



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