



## Special Needs Parent Advisory Committee Member

### Application

I, \_\_\_\_\_, wish to express my commitment to serving as a dedicated member of the Special Needs Parent Committee Board. I promise to uphold the values of our community and contribute positively to the growth and well-being of all.

#### Applicant Information:

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

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

Mailing Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_

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

Please circle which district you reside in:      Kana:takon      Tsi Snaihne      Kawekno:ke

On behalf of the Special Needs Program, we want to thank you for your interest in the Special Needs Parent Committee Board. We truly appreciate your commitment, and we're hopeful that together we can build a meaningful and supportive board for Special Needs.

#### Please be sure to include the following:

- ☐ Application
- ☐ Letter of Interest
- ☐ Current Resume

**I commit to carrying out my role on the Special Needs Parent Advisory Committee honestly and respectfully, and to keeping any confidential information I learn through this role private unless I am authorized to share it.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applications can be dropped off to the Special Needs Program located at the Kanonhkwashteri:io Health Facility. Applications can also be email to the Special Needs Program via email at [specialneeds@akwesasne.ca](mailto:specialneeds@akwesasne.ca)