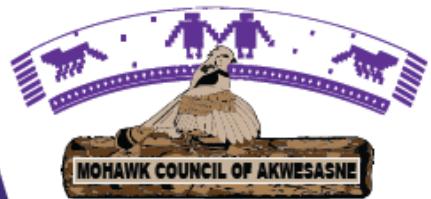


MOHAWK COUNCIL OF AKWESASNE

Sustaining our inherent rights, facing challenges together, and building a strong and healthy future.



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 Kanonhkawatsheri:io Health Facility. Applications can also be email to the Special Needs Program via email at

specialneeds@akwesasne.ca

AKWESASNE-LAND WHERE THE PARTRIDGE DRUMS

PHONE: 613-575-2250
FAX: 613-575-2181

PO BOX 90
AKWESASNE, QUEBEC H0M1A0 101 TEWESATENI ROAD
AKWESASNE, ONTARIO K6H 0G5

WWW.AKWESASNE.CA
INFO@AKWESASNE.CA