



Call Out for Akwesasne Community Settlement Trust Overseers



APPLICATION DUE DATE: OPEN UNTIL FILLED

The Mohawk Council of Akwesasne is taking applications for interested community members to serve as Community Trust Overseers.

Applications will be taken from interested Community Members to serve as Trust Overseer to advise the Community Trustees as part of the Akwesasne Community Settlement Trust.

CANDIDATES MUST DEMONSTRATE:

- Knowledge of the Kanienkehaka culture and the Akwesasne community
- A commitment to learning, or enriching his/her knowledge of, the Kanienkeha language
- Knowledge, understanding and commitment to the role of Trust Overseer
- Honesty, integrity, ethical conduct and common sense
- The ability to maintain objectivity, fairness, accountability and operational transparency
- Knowledge of issues and needs within the community of Akwesasne

CRITERIA FOR OVERSEERS:

- Be at least eighteen (18) years of age.
- Have been a resident in the Mohawk Territory of Akwesasne for at least ten (10) years and within the last fifteen (15) years.
- Have demonstrable knowledge and life experience of the Mohawks of Akwesasne.
- Be willing to put the collective, best interest of the Mohawks of Akwesasne before personal interest.
- Not be an elected official of either the Mohawk Council of Akwesasne or the Saint Regis Mohawk Tribe.
- Not be a member of the Technical Working Committee of the Akwesasne Community Trust
- Never have been convicted of an offense under Akwesasne Law, an indictable offense in Canada or a felony in the United States.
- Not have been convicted of an offense under Akwesasne Law, a summary conviction in Canada or a misdemeanor in the United States in the past five (5) years.

Applications may be picked up at the MCA Administration Building #1 at 12 Akwesasne Street in Kana:takon or download at www.akwesasne.ca. Please submit a completed application along with a Letter of Interest to Taylor Armstrong

**** Incomplete applications will not be considered****

If you have any questions or for more information, contact Taylor Armstrong at 613-575-2250 ext. 2163 or by email taylor.armstrong@akwesasne.ca



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



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