



## COMMUNITY NOTICE

For Immediate Release:

Ohiari:ha/June 28, 2024

### **CALL OUT FOR OVERSIGHT COMMITTEE ON LEGISLATIVE DEVELOPMENT**

The Mohawk Council of Akwesasne is currently filling three (3) vacant seats on the Legislative Development Oversight Committee to represent the districts of (1) Kana:takon, (1) Kawehno:ke, and (1) Tsi Snaihne, for three (3) years.

The Oversight Committee on Legislative Development, consisting of Council and appointed Community representatives, plays a crucial role in drafting legislation that protects and advances the inherent rights of the Mohawks of Akwesasne, guided by principles of peace, respect, and fairness.

The Committee will oversee and receive Council and community input; provide community guidance and direction in the development of Akwesasne Laws; and, consider and balance the diversity of perspectives within the Akwesasne community.

The Honorarium rate for this position is determined by Council's Honorarium Policy, which is \$50-hourly with a maximum total rate of \$300 for the entire meeting. Community members may receive honorarium for two boards, commissions, tribunals, or committees within the Mohawk Council of Akwesasne organization.

To qualify for appointment to the Akwesasne Legislative Commission, a candidate must:

- a) Be a Member;
- b) have knowledge of Mohawk cultures and traditions;
- c) have good character, credibility and reputation in the Akwesasne community;
- d) have good communication skills;
- e) be "in good standing" as defined in the *Akwesasne Good Standing Policy*;
- f) not be a Council member of the Mohawk Council of Akwesasne; the Saint Regis Mohawk Tribal Council; or, the Mohawk Nation Council of Chiefs;
- g) never have been convicted of an offense under the *Akwesasne Banishment Law*, the *Akwesasne Drug Law*, an indictable offense in Canada or a felony in the United States;
- h) produce to the Director of the Akwesasne Justice Department a valid certificate from the Canadian Police Information Centre (CPIC);
- i) attend and actively participate in training deemed essential for the successful operation of the Oversight Committee;



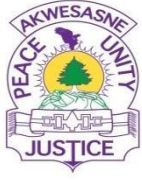
- j) attend regularly scheduled Oversight Committee meetings to conduct business and attend Community Consultation Meetings as scheduled;
- k) maintain residence in their District during tenure; and
- l) sign the Oath of Appointment within 30 days of appointment by Resolution.

Interested candidates are required to complete an Oversight Committee on Legislative Development Application, which is available at the Akwesasne Justice Department. Candidates are also required to submit a letter of interest outlining how the applicant meets the qualifications for appointment.

All interested Kana:takon residents are asked to submit completed packages no later than **Friday, Ohiarikhó:wa/July 12, 2024 at 4:30 p.m.**

If you have any questions regarding this community notice or wish to submit an Oversight Committee on Legislative Development Application, please contact:

Akwesasne Justice Department  
Attn.: Legislative Services Manager  
PO Box 90  
Akwesasne QC H0M 1A1  
[alyson.thompson@akwesasne.ca](mailto:alyson.thompson@akwesasne.ca)  
(613)575-2250 ext. 2406



# OVERSIGHT COMMITTEE ON LEGISLATIVE COMMISSION

## Member Application

### Applicant Information

Full Name: \_\_\_\_\_ *Last* *First* *M.I.* DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ *Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *Province / State* *Postal Code/ Zip Code*

(if applicable)

Physical Address: \_\_\_\_\_ *Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *Province/ State* *Postal Code/ Zip Code*

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Status Card # \_\_\_\_\_

Residing District

- Kawehno:ke (Cornwall Island)     Kana:takon (Saint Regis)     Tsi Snaihne (Snye)
- Akwesasne South     Off Territory

**Disclaimer and Signature**

*I am a Member of the Mohawks of Akwesasne and I have knowledge of Mohawk cultures and traditions. I have good character, credibility and reputation in the Akwesasne community.*

*I have good communication skills and I am “in good standing” as defined in the Akwesasne Good Standing Policy.*

*I am not an elected member of the Mohawk Council of Akwesasne, the Saint Regis Mohawk Tribal Council, and a hereditary Chief from the Mohawk Nation Council of Chiefs and or an employee of the Mohawk Council of Akwesasne.*

*I have never have been convicted of an offense under the Akwesasne Banishment Law, the Akwesasne Drug Law, an indictable offense in Canada or a felony in the United States.*

*I am willing to attend and actively participate in training deemed essential for the successful operation of the Akwesasne Legislative Commission and I am willing to attend regularly scheduled Akwesasne Legislative Commission meetings to conduct business and attend Public Meetings as scheduled.*

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to an appointment to the Akwesasne Legislative Commission, I understand that false or misleading information may result in the rejection of this application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Provide us with the completed forms, the Legislative Services Manager will run the verification.**

**Package Checklist**

(Please Check)

Letter of Interest.

MCA Membership Confirmation Form.

Good Standing Policy Authorization.

AMPS- Criminal Records Check.

Office Use Only

<input type="checkbox"/> Completed Application  Rev'd by: _____
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## POLICE INFORMATION CHECK (PIC) (LEVEL 2)

UNIT 1: TO BE COMPLETED BY APPLICANT Mailing Address, (name, street, city, province, postal code) <b>MUST PRINT LEGIBLY UNDER EACH HEADING</b>			Date of Request		
Last Name		First Name		Middle Name	
# and Street Name #		Apt/Unit	Maiden Name or other Surnames used		Other First Names
City	Province	Postal Code	Date of Birth(Y-M-D)	Place of Birth	Gender

Address History—please fill out if resident address differs from mailing address and/or if resided OUTSIDE of the region in the past 3 years						
Street Name and # (please state below)	Apt/Unit #	City	Province	Postal Code	# of years	

Reason for Request (State Below)	Self-Declaration (if applicable)
Reason: (Volunteer/employment? Employer/agency? Position? Please specific)	<input type="checkbox"/> Declaration of Criminal Record Attached

UNIT2: POLICE USE ONLY—One Box Must Be Checked for Each Section

1. RESULTS FOR NAME—BASED CRIMINAL RECORD VERIFICATION			
1	<input type="checkbox"/>	NEGATIVE	Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records did NOT identify any records with name(s) and date of birth of the applicant. Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminals Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
2	<input type="checkbox"/>	INCOMPLETE	Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records could not be completed. Positive identification that a criminal record does or does not exist required the applicant to SUBMIT FINGERPRINTS to the RCMP National Repository of Criminal Records by an authorized police service or accredited private fingerprinting company. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
3	<input type="checkbox"/>	POSSIBLE MATCH  <i>(See attached page for details)</i>	Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records has resulted in a POSSIBLE match to a registered criminal record. Positive identification that a criminal record does or does not exist required the applicant to SUBMIT FINGERPRINTS to the RCMP National Repository of Criminal Records by an authorized police service or accredited private fingerprinting company. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.

2. RESULTS OF FINGERPRINT COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS	
<input type="checkbox"/>	NO RECORDS IDENTIFIED—See Attached
<input type="checkbox"/>	RECORDS IDENTIFIED—See attached
<input type="checkbox"/>	NOT APPLICABLE

3. RESULTS OF INVESTIGATIVE DATABANK AND LOCAL INDICES RESULTS	
<input type="checkbox"/>	NEGATIVE—No information was revealed that can be disclosed in accordance with federal laws and RCMP policies
<input type="checkbox"/>	POSITIVE—See attached page(s) for details.

Date of search :	Dispatcher:
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<b>UNIT 2: POLICE USE ONLY CONT</b>			
Officer Name	Badge No.	Receipt no.	Fee:
<b>IDENTIFICATION-One Form MUST be Government Issued and include applicant's name, date of birth, signature and photo of applicant</b>			
Type of I.D Produced	ID number		
Type of I.D. Produced	ID number		
<b>CONTACT INFORMATION</b>			
Res. Phone	Bus. Phone	Cell Phone	
<p>The Police Information Check will include the following released as either a criminal record or police contact information:</p> <ul style="list-style-type: none"> <li>• Criminal convictions (summary and indictable) from CPIC and/or local databases.</li> <li>• Outstanding entries, such as charges and warrants, judicial orders, Peace Bonds, Probations and Prohibition Orders. As per CPIC policy, Information obtained from the Investigative Databank must be confirmed and authorized for release by the contributing agency.</li> <li>• Absolute and conditional discharges from local database only.</li> <li>• Family Court Restraining Orders.</li> <li>• Charged and processed by other means such as Diversion will be released as police contact only.</li> <li>• Dispositions including, but not limited to, Withdrawn, Dismissed, and cases of Not Criminally Responsible by Reason of Mental Disorder.</li> <li>• A review of all available police contacts including but not limited to theft, weapons, sex offences, or violent, harmful and threatening behavior.</li> </ul>			
<p>1. I hereby release and discharge the Akwesasne Mohawk Police Service and all members and employees of the said Service from any and all actions, claims, and demands for damages, loss, or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Police Service. I hereby authorize the Akwesasne Mohawk Police Service to inquire into and disclose the results of any police records Indicating criminal convictions, conditional and absolute discharges, outstanding criminal charges to me and to conduct a local police contact search with any Police Service in Canada.</p> <p>2. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent, understand it and agree to it in its entirety.</p>			
<p>Applicant's Name: (Please Print) _____</p>			
<p>Applicant's Signature _____</p>			

Attachment "A"

MOHAWK COUNCIL OF AKWESASNE

CONFIRMATION OF MCA ACCOUNTS CURRENT AND IN GOOD STANDING

Please check if you have any of the following accounts and specify if your account is current and in good standing:

Departments Programs and Services	√ Yes	√ No	Current & in Good Standing Yes No N/A
Ahkwesáhsne Mohawk Board of Education <ul style="list-style-type: none"> <li>• Hot Lunch Program</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Akwesasne Mohawk Court <ul style="list-style-type: none"> <li>• Mohawk Court Fines</li> <li>• Mohawk Court Ordered Payments</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Department of Central Resources Services Computer Services <ul style="list-style-type: none"> <li>• Employee Purchase Plan</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Department of Economic Development <ul style="list-style-type: none"> <li>• Peace Tree Trade Centre Rent</li> <li>• Stanley Island Cabin Rent</li> <li>• Other Rental Unit</li> <li>• Non-compliance of Economic Development Programs</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Department of Finance <ul style="list-style-type: none"> <li>• Consultants</li> <li>• Other Loans</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Department of Housing <ul style="list-style-type: none"> <li>• Housing Loans (House, Cap, Renovation, Emergency, Wells &amp; Septic, Upgrade)</li> <li>• Rental Units</li> <li>• Rent to Own Homes</li> <li>• Bank Mortgages that are guaranteed By Mohawk Council</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Department of Social <ul style="list-style-type: none"> <li>• Day Care Program</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>

Department of Technical Services

- Contract for Services such as Construction, Snow Removal

The undersigned applicant hereby declares the information given on this application is true and is aware it is subject to verification.

The undersigned applicant understands and gives irrevocable authority to the above identified department, programs or services to release any and all information pertaining to me, that you may release the information to the Chief Referendum Officer to verify that all accounts identified above are current and in good standing when determining my financial eligibility and evaluating programs offered by the Mohawk Council of Akwesasne.

In so doing, I the undersigned furthermore release you from all manner of actions, cause of actions or any other form of relief that may accrue to me, my heirs, executors, administrators or assigns as a result of the release of such information.

I/we also understand by making a false claim my/our application may be denied.

Signed in the presence of a witness this:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature



Akwesasne Legislative Commission Application Package



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 101Tewasateni Road, Akwesasne Ontario K6H 0G5.

The Office of Vital Statistics is to complete this portion to confirm your membership status in accordance with 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 Akwesasne Membership Code.....

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MANGER/MAMBERSHIP OFFICER  
OFFICE OF VITAL STATISTICS