



Brokenhead Ojibway Nation Community Justice Committee

P.O. Box 180 Scanterbury MB R0E 1W0 Phone: (204) 766-2494 Fax: (204)766-2021

BCR Reinstatement Application Form

This is an application form for Brokenhead Ojibway Nation (BON) Band members who have been removed from the community through a Band Council Resolution (BCR) and would like to apply to be reinstated back into the Brokenhead Ojibway Nation community.

Upon completion of the application form, the BON Community Justice Committee will review the application and schedule an appointment with the applicant to consider whether the application is approved and/or if further programming is required.

The BON Community Justice Committee is comprised of community members, committee support members and several Elders who seek to provide guidance and oversight on community justice processes.

The BON Community Justice Committee will exercise restorative justice practices that will be grounded in repairing the harm which will include giving voice to the victim, holding the person who caused the harm accountable and ensuring community involvement through support and commitment.

Instructions

1. Complete the application form.
2. Answer all the questions in detail.
3. Print all the answers clearly.
4. Mail or email the original application and any attachments such as certificates and/or support letters to:

BON Community Justice Committee
P.O. Box 180
Scanterbury MB R0E 1W0

Email: crystal.brown@scoinc.mb.ca

If you have questions about your application, call BON Community Justice Worker, Crystal Brown at (204) 766-2494, ext. 124.

All decisions will be based upon the safety and well-being of Brokenhead Ojibway Nation citizens and membership as the Brokenhead Ojibway Nation strives to provide community members with a healthy and safe living environment.



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(Please Print)

APPLICANT INFORMATION

Last Name

Given Names (First Name, Middle Name)

Other Names Used (Maiden name, nickname, etc.)

Date of Birth (Month, Date, Year)

Address

City/Town

Province

Postal Code

Phone number(s)

Email address

EDUCATION & TRAINING

High School

Last Grade Completed

Diploma Obtained

Yes

No

Certificate/Diploma Obtained

College/Technical Institution

Program Name

Yes

No

Degree Obtained

University Institution

Program Name

Yes

No

EMPLOYMENT

Are you currently employed?

Yes

No

Current Employer

City/Town

Job Title

Start Date

Last Employer

City/Town

Job Title

Start and End Dates

Reason for Leaving Employer



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BCR INFORMATION

(Please answer every question and provide as many details as possible. Please use another page if needed)

When were you BCR'd from Brokenhead Ojibway Nation? *(Please provide approximate date if unknown)*

Why were you BCR'd from Brokenhead Ojibway Nation?

Why do you want to come back to Brokenhead Ojibway Nation?

Was the incident related to drugs and/or alcohol? If so, please explain

Was the incident related to any kind of violence? If so, please explain

What steps have you taken to correct the behaviour that caused the incident?

Were you criminally charged for the incident(s)? If yes, please list the charge(s).

If you were sentenced to imprisonment as a result of the above criminal charge(s), what was the name of the institution and how long was the sentence?



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VICTIM INFORMATION

Please provide the victim's name

Is the victim a BON member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the victim reside in BON? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you participate in mediation with the victim? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you are not willing to participate in mediation with the victim, please explain why

PERSONAL HISTORY

Are you sober? <input type="checkbox"/> Yes How long? _____ <input type="checkbox"/> No	Are you currently attending a treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently struggling with substance abuse or an addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list all current <u>and</u> past substances

Please list treatment program(s) you are currently attending *and/or* have attended in the past (*please add start and end dates if possible*)

Please list all negative influences	Please list all risk factors
Have you experienced any of the following violence? <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Domestic <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional <input type="checkbox"/> Spiritual	Do you struggle with anger management? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list anger management program(s) attended



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Historical Trauma

- Residential School Survivor
- Day School Survivor
- 60's Scoop Survivor

Residential/Day School Survivors

- Grandparents
- Other family members
- Parents

CFS Involvement

- Personal Experience
- Children in care

Current CFS Agency Involved

Please list all the community programs attended and completed (*add start and end dates if possible*)

Currently attending counselling?

- Yes
- No

Please list start date

Attended counselling in the past?

- Yes
- No

Please list start and end dates

Are you interested in counselling?

- Yes
- No

Please list anticipated start date

Please list all your support networks (*eg. Family, friends, groups*)

Please list all your strengths

Please list your protective factors (*factors in your life that reduce the negative impacts of a risk factor*)



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PERSONAL GOALS

What are your short-term goals?

What are your long-term goals?

Please list your hobbies

Please list your extracurricular activities

SPIRITUALITY

Do you practice the Anishinabe culture?

Yes

No

Do you attend ceremonies?

Yes

No

Please list the ceremonies that you currently attend or have attended in the past (*add dates if possible*)

Do you have a spiritual name?

Yes

No

Are you open to learning about Anishinabe culture?

Yes

No

Do you practice prayer?

Yes

No

Do you practice meditation or mindfulness?

Yes

No

Do practice a religion? *If yes, please list religion*

Yes

No

Do you attend Church? *If yes, please list church*

Yes

No

I affirm and certify that all the information and answers provided in this application are true and correct.

Date:

Signature: