



# AKWESASNE AREA MANAGEMENT BOARD

## JOB DESCRIPTION

A.A.M.B. USE

FUNDING OPTION:

PLEASE COMPLETE THE FOLLOWING FORM FOR EACH OCCUPATION BEING REQUESTED:  
(INCLUDING THE POSITION OF PROJECT MANAGER)

1) POSITION/OCCUPATIONAL TITLE:

2) NUMBER OF PARTICIPANTS:

3) GENERAL STATEMENT:

4) WHO IS THE IMMEDIATE SUPERVISOR FOR THIS PERSON: (please indicate name and position)

5) DUTIES: (PLEASE LIST ALL DUTIES PARTICIPANT IS EXPECTED TO FULFILL)

6) QUALIFICATIONS (WHAT ARE THE MINIMUM ACCEPTABLE ACADEMIC AND/OR SKILL LEVEL REQUIRED FOR THIS POSITION)

7) KNOWLEDGE & ABILITIES (REQUIRED TO PERFORM DUTIES)