

Reports due last week of the month.

Department of Military and Veterans Affairs Alaska Military Youth Academy

Submit report multiple ways: In-Person: AMYA RPM PO BOX 5727 JBER, AK 99505

Muldoon Office M-F 8:00am - 4:00pm

Fax: (907) 428-7385

Phone: Young (907) 428-7341 Email: 1st , 2nd, 3rd Platoons: Facebook: Amya Young zephria.ridgway@alaska.gov

P.O. Box 5727 JBER, AK 99505-0727 Main: (907) 428-7306 Fax: (907) 428-7380

Cadet Post Residential Submission Form

MONTH:

Name:	Class # and Plt #:
Address:	Telephone #(s):
E-mail:	Facebook Name:
EDUCATION: Are you attending school	
No (Continue to Employment S	ction)
Yes \longrightarrow Name of School:	Phone #:
Select the type of school:	
College VoTe	h High School Adult Education Job Corps
EMPLOYMENT (Non-Military): Are you No (Continue to Military Servic	working or volunteering (this includes subsistence activities)
Yes \longrightarrow Business Name:	Phone #:
Supervisor's Name:	Starting Date:
Hours per week:	Salary (ex. \$12/hr, \$500/week):
PLEASE PROVIDE UP TO F	OUR (4) PAY STUBS WITH REPORT :
VOLUNTEERING: If volunteering, caregiving, or engaged	n subsistence activities, please describe (include hours per week):
PLEASE PROVIDE UP TO F	OUR (4) PROOF OF PLACEMENTS (POP):
MILITARY SERVICE: Currently a member	r of the Armed Services? No Yes
Which Branch?	(ex. Active Army, Army Reserve, Army National Guard, Air Guard, Marines, Navy, etc.)
Training Dates:	Attach DD Form 4:

OTHER PLACEMENTS: Please provide information if you have been in treatment, detention, jail, or other placement other than those above (please provide facility name and dates):

PLEASE PROVIDE UP TO FOUR (4) PROOF OF PLACEMENTS (POP):

MENTOR CONTACTS/P-RAP: Record below, the four contacts that you and your Mentor had

Mentor's Name:

Phone Call Date(s)

Visit Date(s)

Text/Letter Date(s)

Other Contact Date(s)

Are there any specific changes to your P-RAP? No Yes

Cadet E-Signature:

Date: