



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Submit report multiple ways:

Mail:

AMYA RPM
PO Box 5727
JBER, AK 99505

In-Person:

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

**Department of Military and
Veterans Affairs**

Alaska Military Youth Academy

P.O. Box 5727
JBER, AK 99505-0727
Main: 907.428.7306
Fax: 907.428.7380

Fax: (907) 428-7385

Email:

1st- tracey.barnhart@alaska.gov
2nd- zephria.ridgway@alaska.gov
3rd- richard.gamble@alaska.gov

Facebook:

Amya Barnhart
Amya Young
Amya MrGamble

Phone: Barnhart (907) 428-7342 Young (907) 428-7343
Gamble (907) 428-7339

Reports should be submitted on the last week of each month.

Name:		Class # and Plt #:	
Address:		Telephone #(s):	
E-mail:		Facebook Name:	

EDUCATION: Are you attending school?

- No (Continue to Employment Section)
- Yes → Name of School: _____ Phone#: _____

Circle the Type of School

College | VoTech | High School | Adult Education | Job Corps

EMPLOYMENT (Non-Military): Are you working or Volunteering (this includes subsistence activities)

- No (Continue to Military Service)
- Yes → Business Name: _____ Phone#: _____

Supervisor's Name: _____ Starting Date: _____

Hours per week: _____ Salary (ex \$12/hr, \$500/week) _____

PLEASE PROVIDE PAY STUBS WITH REPORT

If volunteering, caregiving, or engaged in subsistence activities please describe (include hours per week);

MILITARY SERVICE: Currently a member of the Armed Services?

No (Continue to Other)

Yes → provide orders

Which Branch? : _____ (ex Active Army, Army Reserve, Army National Guard, Air Guard, Marines, Navy...etc)

Training Date: _____

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

MENTOR CONTACTS/P-RAP:

Record below, the number and any type of contact that you and your Mentor(s) had;

Mentor's Name: _____
 Phone Call Date(s) _____ Visit Date(s) _____ Text/Letters Date(s) _____ Facebook/Other contact Date(s) _____

Mentor's Name: _____
 Phone Call Date(s) _____ Visit Date(s) _____ Text/Letter Date(s) _____ Facebook/Other contact Date(s) _____

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

Cadet Signature: _____ Date: _____