



THE STATE  
of ALASKA  
GOVERNOR MIKE DUNLEAVY

Submit report multiple ways:  
Mail or In-Person:  
AMYA RPM  
1251 Muldoon Rd. #114  
Anchorage, AK 99504

Fax: (907) 375-5557

Email:  
zephria.ridgway@alaska.gov  
darren.smith@alaska.gov  
james.gutierrez@alaska.gov

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

Facebook:  
AMYA Young  
AMYA Smith  
AMYA Gutierrez

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

Phone: Young (907) 375-5593 Smith (907) 375-5551 Gutierrez (907) 375-5553

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#: \_\_\_\_\_ Counselor's name: \_\_\_\_\_

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: \_\_\_\_\_ Recruiter's Name/Phone#: \_\_\_\_\_

**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) \_\_\_\_\_ Other Contact Date(s) \_\_\_\_\_

Mentor's Name: \_\_\_\_\_  
Phone Call Date(s) \_\_\_\_\_ Visit Date(s) \_\_\_\_\_ Text/Letters Date(s) \_\_\_\_\_ Other Contact Date(s) \_\_\_\_\_

**Are there any specific changes to your P-RAP? (circle one):** No Yes

What Changes? \_\_\_\_\_

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