



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

### Mentor Monthly Post-Residential Report

Submit report multiple way

<b>Mail or In-Person:</b>	<b>Fax:</b>	<b>Email:</b>	<b>Facebook:</b>	<b>Phone:</b>
AMYA RPM	(907) 375-5557	zephria.ridgway@alaska.gov	AMYA Young	(907) 375-5593
1251 Muldoon Rd #114		darren.smith@alaska.gov	AMYA Smith	(907) 375-5551
Anchorage, AK 99504		james.gutierrez@alaska.gov	AMYA Gutierrez	(907) 375-5553

Mentor Name: _____	Date: _____
Cadet Name: _____	Class # _____ Platoon # _____

**EDUCATION:**

Is Cadet Attending School?  Yes  No Where: \_\_\_\_\_

**EMPLOYMENT (Non-Military):** Is Cadet working?  Yes  No Where: \_\_\_\_\_

Start Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Wage: \_\_\_\_\_

Is Cadet Volunteering/Caregiving/Subsistence or other productive activity?  Yes  No

Productive Activity: \_\_\_\_\_

Hours/week: \_\_\_\_\_

**MILITARY SERVICE:** Currently a member of the Armed Services?  Yes  No

Which Branch: \_\_\_\_\_

Basic Training Date: \_\_\_\_\_ Recruiter's Name/Phone#: \_\_\_\_\_

**OTHER PLACEMENTS** (Treatment, Detention, Jail, or other placement than those listed above):

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Have you and your Cadet reviewed the P-Rap this month?  Yes  No

Are there any changes made in the Cadet's P-RAP? \_\_\_\_\_

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**MENTOR CONTACTS:**

Record below, the number and any type of contact that you and your Cadet had:

Phone Call Date(s)	Visit Date(s)	Text/Letter Date(s)	Other Contact Date(s)
_____	_____	_____	_____

Please include any changes in your contact information: \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your help in recording the progress of your Cadet during the post-residential phase of the program. The information you provide on this report is reported to the National Guard Bureau in Washington DC. The future of the Challenge Program depends on the success of our graduates.*