MOUNTAINEER OF A CONTENT

Mountaineer ChalleNGe Academy

MENTOR MONTHLY REPORT GUIDE

- 1. Completed reports are due no later than the 15th of each month for the previous calendar month.
- 2. Monthly Reports cover activities and actions for a 30-day period.
- 3. When completing the Mentor Monthly Report, please print the information and remember:
 - a. Mark all responses that describe your Cadet's activities for the month.
 - b. Provide supporting details in the space provided.
 - c. Include address or telephone changes.
- 4. To submit the Mentor Monthly Report:
 - a. Traditional mail:

Mountaineer ChalleNGe Academy North ATTN: Post Residential Department PO Box 586

1 C DOX 300

Kingwood WV 26537

Mountaineer ChalleNGe Academy South ATTN: Post Residential Department

PO Box 177

Montgomery WV 25136

- b. Email: Assigned RPM Assistant
- c. Online: www.wvchallenge.org

Select "Mentors" link

Select "Mentor Report Online"

d. FAX: North: 304-329-2429

South: 304-442-8849

Late reports or unable to submit report online please call!

5. Thank you for your time, effort, and volunteer spirit.

| Additional space for Mentor Monthly Report Notes: | |
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MCA Form 105A Effective Date: 09/13/2000 Revised Date: 09/29/2020



Mountaineer ChalleNGe Academy

MENTOR MONTHLY REPORT

| Cadet's Name | | | Report From | Report From | | | |
|--|----------------|-------------------------|-----------------------|-------------|----------------|---------------|--|
| Changes in Cadet Phone/Address | | | | | | | |
| Identify Changes in PRAP | | | _ | | | | |
| Reason for Changes | | | | | | | |
| Expected Outcome | | | | | | | |
| · | | | | | | | |
| <u>EDUCATION</u> | | <u>EMPLOYMENT</u> | | CONTACT | | | |
| □ 2 Year College □ | ı ı | □ Part Time | □ Full Time | <u>Date</u> | <u>Type</u> | | |
| □ 4 Year College □ | | □ Self Employed | □ No Change | | | | |
| □ Adult Education □ | | Occupation | | | | | |
| ☐ High School ☐ | | | | | | | |
| □ Job Corps □ | | Business Name | | | | | |
| □ Vo-Tech □ | Did Not Pass | | | | | | |
| School Name | | Supervisor | | | | | |
| | | | | | | | |
| Course of Study | | Phone Number | | | | | |
| | | Date of Hire | | | | | |
| Enrollment Date | | Hourly Wage | | | | | |
| High School Equivalency: | es 🗆 No | Hours per Week | | | | | |
| MILITARY | | | | | | | |
| □ Active | | Enlistment Date (D | Date Signed Up) | | | | |
| □ Army/Air National Guar | d Delay | ed Entry Date (Date Lea | aving for Basic) | | | | |
| □ Reserves | | | MOS/Training | | | | |
| □ US Army | | | Duty Station | | | | |
| □ US Air Force | Notes: | | | | | | |
| □ Coast Guard | | | | | | | |
| □ US Marines | | | | | | | |
| □ US Navy | | | | | | | |
| CONTACTINOTES | | | | | | $\overline{}$ | |
| CONTACT/NOTES | | | | | | | |
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| MISCELLANEOUS | | | | | | \neg | |
| ☐ Moved Out of State | | bled/Hospitalized | □ Volunteer | | Homemaker | | |
| □ Deceased | □ Inca | rcerated | □ Caregiver | | Other | | |
| | | | - FOR OFFICE USE ONLY | ' | | 7 | |
| | □ Mentor | Staff | Date Recv'd | | Entered | 1 | |
| MCA Form 105B Effective Date 09/13/2000 | □ Graduate | Family | RPM Initials | | t Tracker Init | 1 | |
| Revised Date 10/22/2020 | | Other | | | | 1 | |
| | i | - u i o i | | | | 1 | |