

Resilient Alaska Youth AmeriCorps Monthly Report

AmeriCorps Member Name:_____

Community:_____

Month:_____

Fax to Maddy at 1-800-478-6343 or email mstokes@ruralcap.org

Please enter a number for each category below. If a category is not applicable, write N/A. This information is important to communicate impact and continue the Resilient Alaska Youth Program.

# of Target Aged (10-18 yrs) youth served in person or via distance (ex: received an activity kit) <i>Note: Only count each youth once per month. Make sure to use Procure to track attendance as well!</i>	
# of youth served aged 0-9 yrs in person or via distance (ex: received an activity kit) <i>Note: only count each youth once per month</i>	
# of New Youth Participants aged 10-18 <i>(This number should also be included in your # of target aged youth served)</i>	
# of Adult Participants	
# of Youth Activities This Month <i>(Include how many times you distributed activity kits or any other virtual events)</i>	
# of Volunteer Events	
# of Volunteers (either youth or adult who helps with service)	
# of Total Volunteer Hours	

1. Please describe your one greatest success this month. What made it successful?

2. Please list all activities in-person or not in person that you hosted this month. If you are distributing activity kits list out each different set of activity kits that you distributed and the general themes of the activity kits.

Activity	Frequency	# target aged youth reached

3. What opportunities did youth have to reflect on their participation? In general, what did they share? *What feedback did you hear from your youth about the activities your hosted*

4. Please share a story of impact from this month (This can be a few sentences describing something significant that happened, a comment or action from a community member or youth, something that made you proud, an event that went well etc):

5. If applicable, please share tobacco prevention activities or presentations you did this month:

Number of youth reached: _____

Number of adults reached: _____

6. If applicable, which Marijuana Prevention Curriculum Modules did you teach this month?

How many youth attended?_____

7. Please report any safety concerns, near misses or incidents here:

8. COVID-19 Data Points - Please include the following information if applicable:

of community health and safety calls/checks performed: _____

pounds of food collected or distributed: _____

pounds other supplies collect or distributed (PPE, medical equipment, medications, other non-food items): _____

of cloth masks made/distributed: _____

of youth activity kits made/distributed: _____

Required Attachments:

- Please ensure your Procure Attendance tracking is up-to-date for the month
- **New Participant Youth Surveys:** *Throughout the year, ask each new participant aged 10-18 to complete a pre-survey form and enroll them in Procure.*

Supervisor Name

Supervisor Signature

Date

Site Supervisor Comments:
