

# American Red Cross

# Youth Programs Leader Activity Report

<b>CHAPTER INFORMATION</b> [Chapter Contact] _____ [Chapter Name] _____ American Red Cross [Street Address] _____ [City, State Zip Code] _____ E-mail Address _____ Fax Number _____	<b>Send this completed form to the address on the left or the e-mail address or fax number below.</b>	<b>LEADER INFORMATION</b> Leader Name _____ Leader Address _____ Street Address _____ City, State, Zip _____ Leader Telephone Number _____ Leader ID No. or Signature _____ Instructor Unit of Authorization (If different from Chapter Information) _____ <input type="checkbox"/> Check here if new address or phone number for instructor.
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<b>AUTHORIZED PROVIDER INFORMATION</b>	
Authorized Provider Name _____	Authorized Provider ID No. _____
Facility Name _____	Facility Address _____
Facility Phone _____	Street Address _____
	City, State, Zip _____

**COURSE INFORMATION** Provide the information requested below for each course taught.  
 By submitting this form the instructor acknowledges that the courses were taught according to American Red Cross standards.

Place a check under the course name. Use one row per course.									Number Enrolled	Number Passed	Start Date	Completion Date	Name of Co-Leader	LMS/CHERS Class Number
Longfellow's Whale Tales (34911)	Basic Aid Training (3201)	FACT (3217)	Guard Start (HSAQU101)	Act Smart Module I (3519)	Act Smart Module II (3520)	Act Smart Module III (3521)								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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<b>For Red Cross Use Only</b>	Red Cross Branch _____	Chapter Use _____	Date Received _____	Date Recorded _____	Person Entering/Recording Data _____
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# Youth Programs Leader Activity Report (January 2007)

## General Directions

### USE OF THIS FORM

This form is intended to be used only for those courses listed on this form. Other courses must be reported on the appropriate *Course Record* (Form 6418R) and *Course Record Addendum* (Form 6418AR). This form can be accepted by fax, e-mail or regular mail. This form is to be completed within 10 working days of course completion.

### RETURN COMPLETED FORM

Send the completed form to the location indicated on the form. If you do not have the address for the local chapter, you can call them or locate them on the Red Cross Web site at [www.redcross.org](http://www.redcross.org) under "Your Local Red Cross."

### LEADER INFORMATION

Provide all the information requested. The "Leader ID Number" is provided by the Red Cross chapter you teach for and can be substituted for the signature when the form is forwarded by e-mail. Please check the box if the address or phone number provided is new.

### AUTHORIZED PROVIDER INFORMATION

In this section provide the requested information. The Authorized Provider ID number is currently optional. Contact the local chapter to get the number and to see if it is needed for your facility.

### COURSE INFORMATION

In this section provide the requested information for each course taught. **There is to be only one course per line.** Information on specific columns is below:

#### Place a check under the course name.

In the box under the course name and code place a check mark for the course taught. There should only be one check per line.

#### Number Enrolled

List the number of students enrolled on each course

#### Number Passed

For the course checked, note the number passed.

#### Start Date and Completion Date

For the course checked, list the start and completion date.

#### Name of Co-Leader

If there was a co-leader, list that person's name next to the course.