

Wings of Hope Ranch Client Application

Thank you for your interest in Wings of Hope Ranch, where children facing conflicts or challenges come together with rescued horses to help each other learn how to love and trust again. We look forward to the possibility of meeting you and ministering to your child. Please complete the following application for your child(ren) who would like to participate in our program (please complete one application per child if more than one child will be participating).

Once this application is complete, please email to wingsofhoperanchercoordinator@outlook.com, Fax to 804-237-0435 or mail to Wings of Hope Ranch c/o Gail McDonnell, 7922 Wistar Woods Court, Henrico, VA 23228.

Session Times: Sessions run once a week for 90 minutes from March to May, and from September to November. There is no charge or fee for our program. Please check any/all desired sessions your child may be able to attend. **We will confirm via email or phone call before we officially place** you in a specific time slot as we realize your schedule may change periodically.

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|----------------------------------|----------------------------------|
| _____ 4:30pm – 6:00pm Mondays | _____ 5:30pm – 7:00pm Mondays |
| _____ 4:30pm – 6:00pm Tuesdays | _____ 5:30pm – 7:00pm Tuesdays |
| _____ 4:30pm – 6:00pm Wednesdays | _____ 5:30pm – 7:00pm Wednesdays |
| _____ 4:30pm – 6:00pm Thursdays | _____ 5:30pm – 7:00pm Thursdays |
| _____ 5:30pm – 7:00pm Fridays | |
| _____ 4:30pm – 6:00pm Sundays | _____ 5:30pm – 7:00pm Sundays |

If these days and times do not work for you, please submit your application anyway and let us know what days and times are good for you. If our sessions are already full, we will put your child/rancher on a waiting list and contact you as soon as we have an open spot. Our days and session times completely revolve around our seasonal volunteer supervisors' schedules so we may have more/less session times available each new season.

Date of application: _____ / _____ / _____

CONTACT INFORMATION: Parent/Guardian Name: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

(Please indicate which phone number is the best one to reach you)

CHILD: Name: _____

Date of Birth: _____ / _____ / _____ Approximate Height: _____ Weight: _____

My child has: (medical diagnosis/learning difficulty/physical disability, conflict, or challenge etc.)

Food Allergies Yes or No If yes, describe _____

On special diet (food limitations) Yes or No If yes, describe _____

Communication Skills _____

What are your goals for you child with regards to their participation in this ministry? _____

Triggers for behaviors of resistance/frustration/aggression (please describe expected behaviors and known specific triggers) _____

Best calming approach when upset or frustrated _____

Best advice for the adult or youth leader that will be assigned to work with my child: _____

