



**Living Streams Ranch Participant/Rancher Application:**

Thank you for your interest in Living Streams Ranch, where children, women and families facing conflicts or challenges come together with horses, Bible study and healing prayer to find hope and healing in Jesus Christ.

We look forward to the possibility of meeting you and ministering to you and/or your child. Please complete the following application for your child/self who would like to participate in our program. **Children must be 8 years of age to participate in the program.**

**Once this application is complete, please send to Living Streams Ranch, C/o Debbie Rotelle 2375 Schukraft Road, Quakertown, Pa 18951 phone # 267-374-0465**

**Session Times:** Sessions run once a week for 90 minutes to 2 hours from March to May, June to August and from September to November. There is no charge or fee for our program. Donations to the Ministry are accepted, but not required. Please check any/all desired sessions you/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. Please circle times that will suit your needs.

**Tuesday:** 9:30am-11:30am \_\_\_\_\_ 12:00am-2:00pm \_\_\_\_\_ 3:30pm- 5:30 \_\_\_\_\_  
4pm-6:00pm \_\_\_\_\_ 5pm-7pm \_\_\_\_\_

**Wednesday:** 9:30am-11:30am \_\_\_\_\_ 12:00am-2:00pm \_\_\_\_\_ 3:30pm- 5:30 \_\_\_\_\_  
4pm-6:00pm \_\_\_\_\_ 5pm-7pm \_\_\_\_\_

**Thursday:** 9:30am-11:30am \_\_\_\_\_ 12:00am-2:00pm \_\_\_\_\_ 3:30pm- 5:30 \_\_\_\_\_  
4pm-6:00pm \_\_\_\_\_ 5pm-7pm \_\_\_\_\_

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 you/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 INFORMATON:** Self/ Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Child/Self:** Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approximate Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please explain any family challenges/concerns, and your current living situation.

(Who currently resides in the home, any shared custody, etc.?)

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

Are there any allergies to insects, plants, animals, shampoo, paint, soap, fly spray, asthma, and medication? Any special instructions?

Have you/your child ever had a negative experience around animals? Y or N

Have you/your child ever ridden a horse before? Y or N

Will your child understand and obey instructions?

How does your child respond to authority?

Any concerns with communication skills?

Please circle the area you/your child struggle with? May circle more than 1:

Anxiety/fear   depression   self-harm   trust issues   healthy boundaries

Anger   grief/loss   rejection   shame   self-esteem/identity issues

Divorce   abuse (physical/emotional/sexual)   addictions   forgiveness issues

Other \_\_\_\_\_

On a scale of 1-10, 10 being the worst, please rate the intensity of the struggle(s) circled above and place the number next to the circled struggle.

Can you give me an example of what that looks like in your/your child's life?

What are you/your child's goals for participating in this Ministry?  
(Examples: to learn to forgive, build trust, increase self-esteem, grow in faith, work thru depression, learn self-awareness, work thru past trauma, learn healthy boundaries, increase self-confidence, other, etc.)

Best calming approach when upset or frustrated:

Do you/your child attend outside Counseling at this time? Y or N If yes, do you give permission for the Session Leader at Living Streams Ranch to communicate with them regarding you/your child's treatment?

Counselor name and phone number \_\_\_\_\_

Are you aware this is a mentorship program including Bible study, prayer and learning about Jesus as vital parts of this Ministry?

How did you hear about Living Sreams Ranch?