



APPLICATION FORM

P.O. Box 602 • Jackson, WY 83001
307-733-7464 • 307-690-6124
www.horsewarriors.com
horsewarriors@wyoming.com

Name: _____

Mailing Address: _____

Phones: Mother's Work: _____ Father's Work: _____

Email: _____

Age: _____ Date of Birth: _____ Grade Level: _____ Gender: M ___ F ___

We would like to hear from you about why you are interested in the program. Your responses to these questions help us evaluate whether Horse Warriors™ would be beneficial for you. Please be as thorough as possible in your answers. If you need extra paper, feel free to continue on a separate page.

1) What has been your experience with horses up to this point? (You don't need to have had ANY experience to have fun and be part of this program.)

2) How much time do you like to spend outside during each day?

3) How do you feel about working with horses all day and getting really dirty? What about occasionally having to ride in the rain? Are you mature enough to be around horse manure without having to make jokes about it?

4) This is a year-round program, with discussion groups throughout the fall and spring, and includes 30 hours per year of community service. Are you willing to make the commitment to the full year of programming? _____ YES _____ NO

YES _____ NO _____

5) When you are in a group and you don't like one or more of the people in your group, how do you usually react?

6) What would you say is your greatest challenge in your life right now?

7) What is your greatest strength? (This is something that you find easy to do, that helps you overcome your challenges - if you feel that right now you don't have a particular strength, tell us something that you would like to develop as a strength in the future.)

8) Do you feel comfortable or uncomfortable sharing your feelings with a group of your peers?

9) Why do you want to participate in this program? What do you hope to get out of it, and what do you most want to learn?

A FINAL NOTE:

This goes without saying, most likely, but here it is in black and white: This is a drug, alcohol and tobacco product-free program. That means never, EVER in the program can you use any of these. ALSO, because we all work together as a group, we want all of the relationships to stay open. Having boyfriends or girlfriends within the group has the effect of excluding other people. We ask that you NOT relate exclusively to anyone in the program during program time, even if you have a romantic relationship/close or best-friends type friendship together on your own time away from the group. We also REQUIRE that you participate fully in the discussion groups, program support (events, maintenance of supplies and horses and equipment) and community service projects.

Will you agree to respect and abide by these rules? _____

Student

Signature _____

NOTE TO PARENTS: We ask that you agree to not withhold participation in Horse Warriors™ as any form of punishment while your child is enrolled in the program. It is disruptive to group cohesiveness and negatively impacts both the program as a whole and the effectiveness for the individual student.

Will you agree to abide by this requirement? _____

I, the parent/legal guardian, have read all of the above, as well as the enclosed description of the program and the fee schedule and understand both the costs and expectations of the program. I understand that payment is due at the time of registration and that my child will only be able to participate after full payment is received.

Name

Date

Parent Signature:

Date_____