



## **Reaching Hands Ranch**

645 Road 9 – P.O. Box 656

Powell, WY 82435

307-272-9437

[www.reachinghandsranch.org](http://www.reachinghandsranch.org)

### **Ranch Hand Application**

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Number of persons residing in household: \_\_\_\_\_

Reason for Applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What the Participant hopes to get out of the program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature