



TLT Program Application

Name _____ Home Phone _____

E-mail _____ Cell Phone _____

Address _____

City _____ State / Prov. _____ Zip _____

Age ____ Birth Date _____ Home Church _____ Baptized Yes No

School Name _____ Grade _____

School Address _____

City _____ State / Prov. _____ Zip _____

Class or classes completed:

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Trail Companion | <input type="checkbox"/> Ranger | <input type="checkbox"/> Wilderness Voyager |
| <input type="checkbox"/> Trail Friend | <input type="checkbox"/> Explorer | <input type="checkbox"/> Frontier Ranger | <input type="checkbox"/> Guide |
| <input type="checkbox"/> Companion | <input type="checkbox"/> Frontier Explorer | <input type="checkbox"/> Voyager | <input type="checkbox"/> Wilderness Guide |

List your participation in Pathfinder clubs:

Club	Year	Director
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the undersigned, apply to the _____ club leadership for a position in the TLT Program. I understand that my application and future participation are evaluated on my performance in Pathfinding and my adherence to the TLT Pledge as well as the Pathfinder Pledge and Law. I agree to participate in the TLT Program as outlined in the TLT Manual and commit myself to developing my Christian leadership potential to its fullest.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Mark the two operational departments selected for the 1st year operational assignment:

- | | | |
|---|-------------------------------------|-------------------------------------|
| <i>Recommended 1st year</i> | <i>Recommended for later</i> | <i>Recommended for later</i> |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Teaching | <input type="checkbox"/> Records |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Activities | <input type="checkbox"/> Counseling |

Club Official Use Only

Approved for participation Date ____/____/____ Club/TLT Director Signature _____

TLT Mentor e-mail _____ TLT Mentor Signature _____

Conference Official Use Only

Date received ____/____/____ Conference Director Signature _____



TLT Program Recommendation

I, _____, am applying to the _____ club leadership for a position in the TLT Program of Pathfinding. I understand that my application and future participation are evaluated on my performance in Pathfinding and my adherence to the TLT Pledge as well as the Pathfinder Pledge and Law. I agree to participate in the TLT Program as outlined in the TLT Manual and commit myself to developing my Christian leadership potential to its fullest.

Please complete this recommendation form for me and return it to the following:

Pathfinder Club Director's Name _____

Address _____

City _____ State / Prov. _____ Zip _____

Thank you for your honest evaluation. Please keep me and the Pathfinder program in your prayers.

TLT Pledge - Loving the Lord Jesus, I promise to take an active part in the work of the Teen Leadership Training program, doing what I can to help others and to finish the work of the gospel in all the world.

Please answer the following questions

How do you know the applicant and for how long? _____

What qualities does the applicant bring to the program? _____

How does the applicant relate to people? _____

How does the applicant respond to stress? _____

Does the applicant have any potential problems that might hinder his/her participation? _____

Recommender's Signature _____ Date ____/____/____

Print Name _____