



TLT Program Application

Name _____ Home Phone _____ Cell _____
 Address _____ City _____ State _____ Zip _____
 Email Address _____
 Age _____ Date of Birth _____ Grade _____ Citizenship _____
 Home Church _____ Baptized: Yes / No
 Name of Club _____

Class or classes completed:

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

Signature of TLT Applicant _____ Date _____

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

- | | | |
|--|---|---|
| Recommend 1 st year | Recommend 2 nd year | Recommend 3 rd year |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Outreach | <input type="checkbox"/> Finance/Clerical |
| <input type="checkbox"/> AY Class work /Honors | <input type="checkbox"/> Camping/Activity | <input type="checkbox"/> Counseling |

Club official Use Only

Approved Disapproved Date _____ Club Director Signature _____

Date to begin service _____ TLT Director Signature _____

Conference Official Use Only

Date Received _____ Conference Director Signature _____



TLT Program Recommendation

I the undersigned, 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 _____

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.

Signature _____ Date _____

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 _____