

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 _____