



# 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 1<sup>st</sup> 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 \_\_\_\_\_