



TLT Program Application

Name _____ Home Phone _____

Address _____ City _____ Zip _____

Age: ____ Date of Birth: _____ Home Church: _____ Baptized : __ Yes __ No

Name of school now attending: _____ Grade: _____

School Address _____ City _____ 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.

Signature _____ Date _____

Parent/Guardian Signature _____ 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 Classwork/Honors | <input type="checkbox"/> Camping/Activity | <input type="checkbox"/> Counseling |

Club Official Use Only

Approved for participation Date _____ Club Director Signature _____

TLT Mentor e-mail _____ TLT Director Signature _____

Conference Official Use Only

Date Received _____ Conference Director Signature _____