



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:

___ Friend	___ Trail Companion	___ Ranger	___ Wilderness Voyager
___ Trail Friend	___ Explorer	___ Frontier Ranger	___ Guide
___ Companion	___ Frontier Explorer	___ Voyager	___ 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
___ Administrative	___ Outreach	___ Finance/Clerical
___ AY Classwork/Honors	___ Camping/Activity	___ 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 _____