



TLT PROGRAM APPLICATION

(Please Print)

Name:

Address:

Email:

Phone No:

D.O.B:

Age:

Name of current school:

Parents Name/Signature:

Church:

Baptised:

Pathfinder Club:

Current Pathfinder class:

List your participation in your Pathfinder club:

Class Levels already completed:

- Friend Companion Explorer Ranger Voyager Guide
- Advance Friend Advance Companion Advance Explorer Advance Ranger Advance Voyager
- Advance Guide

I, the undersigned, apply to my local club leadership for a position in the Teen Leadership Training Program.

I understand that my application and future participation are evaluated on my performance in Pathfinders 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.

TLT Signature:

Date:

South England Conference

~ TLT Handbook ~

2017



TLT PROGRAM RECOMMENDATION (1)

From Local Church Pastor

(Please Print 1 copy)

I, the undersigned, am applying to the local club leadership for a position in the Pathfinder TLT Program. I understand that my application and future participation are evaluated on my performance in Pathfinders 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.

Applying TLT's Name:

a) How do you know the applicant and for how long?

b) What qualities will the applicant bring to the program?

c) How does the applicant relate to others?

d) How does the applicant function under pressure?

e) Does the applicant have any potential problems that might hinder his/her participation on the program?

Recommender's Name:

Date:

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TLT PROGRAM RECOMMENDATION (2)

From Local Pathfinder Club Director

(Please Print 1 copy)

I, the undersigned, am applying to the local club leadership for a position in the Pathfinder TLT Program. I understand that my application and future participation are evaluated on my performance in Pathfinders 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.

Applying TLT's Name:

a) How do you know the applicant and for how long?

b) What qualities does the applicant bring to the program?

c) How does the applicant relate to others?

d) How does the applicant function under pressure?

e) Does the applicant have any potential problems that might hinder his/her participation on the program?

Recommender's Name:

Date

South England Conference

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TLT PROGRAM RECOMMENDATION (3)

From Pathfinder Class Counsellor

(Please Print 1 copy)

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Please complete this recommendation form for me and return it to the following:

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Address:

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Applying TLT's Name:

a) How do you know the applicant and for how long?

b) What qualities does the applicant bring to the program?

c) How does the applicant relate to others?

d) How does the applicant function under Pressure?

e) Does the applicant have any potential problems that might hinder his/her participation on the program?

Recommender's Name:

Date:

South England Conference

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TLT Personal Record Chart

Name:

D.O.B :

Adress:

Phone:

Email

Name of Parents/Guardian

Contact No

Email Address

Name of Mentor:

Contact No

Email Address

Name of Club:

Date of :Ranger Investiture

Date of Voyager Induction:

Current Class:

Voyager _____ **Guide** _____ **Master Guide** _____ **Master Guide** _____

Date Level Stars received: Level 1 _____ Level 2 _____

Level 3 _____ Level 4 _____



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