



TEEN LEADERSHIP TRAINING CANDIDATE APPLICATION

Southern New England Conference of Seventh Day Adventists

34 Sawyer Street; PO BOX 1169 South Lancaster, MA 01561

Fax: (978) 365-3838 E-mail: snecyouth02@gmail.com

Name _____ Home Phone _____

Address _____ City _____ Zip _____

Age _____ Date of Birth _____ Grade _____ Citizenship _____

Home Church _____ Baptized ☐ Yes ☐ No

Name of school now attending _____

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 _____

Mark the two operational departments selected for the 1st year operational assignment:

Recommend 1st year

- ☐ Administrative
☐ AY Classwork/Honors

Recommend 2nd year

- ☐ Outreach
☐ Camping/Activity

Recommend 3rd year

- ☐ Finance/Clerical
☐ Counseling

Club Official Use Only

☐ Approved ☐ Disapproved Date ____/____/____ Club Director Signature _____

Date to begin service ____/____/____ TLT Director Signature _____

Conference Official Use Only

Date received ____/____/____ Conference Director Signature _____



TEEN LEADERSHIP TRAINING - RECOMMENDATIONS

Southern New England Conference of Seventh Day Adventists

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I, the undersigned, am applying to the _____ club leadership for a position in the TLT Program of Pathfindering. I understand that my application and future participation are evaluated on my performance in Pathfindering 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 and return it to the following:

Pathfinder Club Director's Name _____

Address _____ City _____ Zip _____

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.*

TLT Signature _____ Date ____/____/____

RECOMMENDATION (1) Please answer the following questions.

How do you know the applicant and for how long? _____

What qualities does the applicant bring to the program? _____

How does the applicant relate to people? _____

How does the applicant respond to stress? _____

Does the applicant have any potential problems that might hinder his/her participation? _____

Recommenders Printed Name

Recommenders Signature

____/____/____
Date

RECOMMENDATION (2) Please answer the following questions.

How do you know the applicant and for how long? _____

What qualities does the applicant bring to the program? _____

How does the applicant relate to people? _____

How does the applicant respond to stress? _____

Does the applicant have any potential problems that might hinder his/her participation? _____

Recommenders Printed Name

Recommenders Signature

____/____/____
Date

RECOMMENDATION (3) Please answer the following questions.

How do you know the applicant and for how long? _____

What qualities does the applicant bring to the program? _____

How does the applicant relate to people? _____

How does the applicant respond to stress? _____

Does the applicant have any potential problems that might hinder his/her participation? _____

Recommenders Printed Name

Recommenders Signature

____/____/____
Date