



# 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](mailto: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:

- 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 \_\_\_\_\_

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

- |  |   |   |
|--|---|---|
| <i>Recommend 1st year</i>                    | <i>Recommend 2nd year</i>                 | <i>Recommend 3rd year</i>                 |
| <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  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

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I, the undersigned, am applying to the \_\_\_\_\_ club leadership for a position in the TLT Program of Pathfinding. 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.

**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**