

# TLT Instructor's Information



Thank you for filling out this form. The reason we are requesting this personal information is to support our records for academic credit in the TLT program. Also, it will assist us as we look for instructors for future training events.

Name \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State / Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Check the level of Pathfinder classes or advanced training that you have achieved.

- |                                    |                                  |   |
|------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Friend    | <input type="checkbox"/> Ranger  | <input type="checkbox"/> Master Guide                       |
| <input type="checkbox"/> Companion | <input type="checkbox"/> Voyager | <input type="checkbox"/> Pathfinder Leadership Award (PLA)  |
| <input type="checkbox"/> Explorer  | <input type="checkbox"/> Guide   | <input type="checkbox"/> Pathfinder Instructors Award (PIA) |

List any AYMT Certifications you have earned. Write on the back if there is not enough space.

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Years of service as a Pathfinder Staff \_\_\_\_\_

Circle the highest year of education completed: 8 9 10 11 12 13 14 15 16 17 18 \_\_\_\_

College Degree \_\_\_\_\_ Granting Institution \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Other training you have had. Write on the back if there is not enough space.

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Work experience relevant to the TLT training workshops	Years of experience
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Workshops taught in the past
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List areas of instruction that you are interested in teaching in the future.

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