



**DENVINLEE WILDLIFE MANAGEMENT
TRADING AS:**

PROTRACK

ANTI-POACHING UNIT

P.O. BOX 1532
HOEDSPRUIT 1380

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Members: Mr. D. V Barkas; Mrs L. S Barkas 082-3852690

PROTRACK APPLICATION FORM

FIRST NAME		
SURNAME		
DATE OF BIRTH		
AGE		
GENDER		
PASSPORT NUMBER		
RESIDENTIAL ADDRESS		
POSTAL ADDRESS & EMAIL ADDRESS		
TELEPHONE NUMBER		
NEXT OF KIN NAME		
NEXT OF KIN TELEPHONE NUMBER		
NEXT OF KIN POSTAL ADDRESS & EMAIL ADDRESS		
HOME LANGUAGE		
PROFICIENT IN OTHER LANGUAGES (NAMELY)		
RELIGION		
RACE		
HEIGHT and WEIGHT		

DECLARATION

WHY DO YOU WISH TO VOLUNTEER WITH PROTRACK?	
WHAT DO YOUR FAMILY AND FRIENDS SAY ABOUT YOU VOLUNTEERING FOR PROTRACK?	
DO YOU AND YOUR FAMILY UNDERSTAND THAT YOU WILL BE SIGNING INTO A VOLUNTEER CONTRACT?	
DO YOU DECLARE YOURSELF TO BE WILLING TO ABIDE BY THE RULES AND REGULATIONS WITH REGARD TO DRESS, HAIR AND UNIFORMS?	
YOU ARE WILLING TO DO AND UNDERSTAND THE INITIAL 6 WEEK TRAINING COURSE?	
HAVE YOU EVER RECEIVED MILITARY OR POLICE TRAINING? IF YES PLEASE LIST DETAILS BELOW:	
HOW DO YOU SPEND YOUR FREE TIME?	
ARE YOU A MEMBER OF ANY CLUB OR ASSOCIATIONS?	
WHAT IN YOUR OPINION WILL MAKE YOU A GOOD MEMBER OF PROTRACK?	
YOU DO UNDERSTAND YOUR WORKING HOURS WILL IRREGULAR DUE TO THE NATURE OF THE WORK AND TRAINING?	
DO YOU HAVE A CRIMINAL RECORD?	
DO YOU HAVE A VALID DRIVERS LICENSE?	
DO YOU UNDERSTAND THAT YOU ARE SIGNING INTO A VOLUNTEER CONTRACT AND IF BREACHED YOU WILL BE LIABLE?	
DO YOU UNDERSTAND THAT YOU WILL BE PATROLLING FOR EXTENDED PERIODS OF TIME IN AREAS WITH DANGEROUS GAME?	
DO YOU UNDERSTAND YOU WILL RECEIVE 4 DAYS OFF AT THE END OF EACH PATROL	
DO YOU UNDERSTAND THAT BEFORE ANY COMPASSIONATE LEAVE IS GRANTED FOR DEATH OR ILLNESS A DOCTOR'S LETTER OF DEATH CERTIFICATE IS REQUIRED?	
DO YOU UNDERSTAND THAT NO LEAVE WILL BE GRANTED OVER NEW YEAR OF CHRISTMAS?	
DO YOU UNDERSTAND THAT YOU MAY NOT BRING YOUR OWN FIREARMS, ALCOHOL OR ILLEGAL SUBSTANCES?	
DO YOU UNDERSTAND THAT YOU WILL RECEIVE NO CORRESPONDENCE IF YOU BREACH YOUR CONTRACT OR DO NOT COMPLETE YOUR TRAINING?	
DO YOU UNDERSTAND THAT YOU WILL BE LIABLE FOR ANY DAMAGED OR LOST EQUIPMENT?	
DO YOU UNDERSTAND THAT PROTRACK WILL NOT BE HELD ACCOUNTABLE FOR ANY MEDICAL CONDITION THAT MAY ARISE DURING TRAINING?	
DO YOU HAVE A PRE-EXISTING INJURY OR MEDICAL CONDITION/DISABILITY THAT WOULD AFFECT YOUR ABILITY TO DO THIS WORK?	
IF SO, CAN YOU PROVIDE DETAILS OF THE INJURY/DISABILITY OR MEDICAL CONDITION, AND ANY CURRENT RESTRICTIONS IT MAY HAVE ON YOUR ABILITY TO DO THIS WORK?	
ANY PHYSICAL OR MENTAL CONDITIONS OF WHICH YOU ARE AWARE?	
DO YOU TAKE ANY MEDICATIONS ON A REGULAR BASIS? IF SO, PLEASE LIST THEM:	
ANY MAJOR ILLNESSES THAT YOU MAY HAVE SUFFERED	
ANY SURGERIES THAT YOU MAY HAVE UNDERGONE	

FAILURE TO REPORT ALL CURRENT OR PREVIOUS PHYSICAL & MENTAL CONDITIONS WILL BE GROUNDS FOR TERMINATION.

INDEMNITY AGREEMENT:

I _____ PASSPORT NUMBER _____, HAVE READ AND UNDERSTOOD THE ABOVE DECLARATION. I HEREBY DECLARE THAT I KNOW AND UNDERSTAND THE NATURE OF THE TRAINING COURSE I AM UNDERTAKING AND AGREE TO DO SO AT MY OWN FREE WILL AND AT MY OWN RISK AND FURTHERMORE THAT IF I DO NOT COMPLETE THE COURSE, THAT I CANNOT INITIATE ANY LEGAL ACTION AGAINST PROTRACK ANTI-POACHING UNIT. I DO NOT HOLD PROTRACK RESPONSIBLE FOR ANY LOSS OR DAMAGE, PHYSICAL OR MENTAL INJURY TO MYSELF OR PERSONAL PROPERTY, WHILST UNDERTAKING THIS COURSE. I FURTHERMORE ABIDE TO ALL THE RULES AND CODE OF CONDUCT OF PROTRACK ANTI-POACHING UNIT.

DATE: _____

PLACE: _____

(SIGNATURE): _____

Date:

Course Name:

What date and course do you want to join?

Please furnish the following information for one parent:

Their full name and surname: _____

Their Passport Number: _____

Their contact Number: _____

Their street address in full:

(Document updated 28 June 2017)