



ROCHESTER PROTECTIVES

"We Strive To Save"

Organized 1858

P.O. Box 31593

Rochester, N.Y. 14603

Application for Membership in the Rochester Protectives

Welcome Applicant,

Thank you for your interest in the Rochester Protectives. It is with great pride and tradition that the Protectives continues to attract applicants full of enthusiasm and good character, and the Membership Committee looks forward to reviewing your application.

Established on August 23, 1858, the Rochester Protectives is now the only remaining volunteer fire service organization within the City of Rochester. With our motto of "We Strive to Save", the Rochester Protectives are a fire salvage company that acts alongside the Rochester Fire Department. Our services include salvage, overhaul, ventilation, scene power, air supply and scene lighting as well as service at special assignments such as water problems and broken windows.

The membership process can take anywhere from three to six months following submission of an application. This process includes a number of steps that need to be completed before an applicant can be voted into membership. Once you submit your application, the Membership Committee will contact you for an interview. The interview will consist of at least one Company officer and a Membership Committee member meeting with you, reviewing your application, and discussing the reason you wish to join the Company.

Prior to coming in for your interview you are required to obtain a police background check (which can be obtained at your local police station or sheriff's department), and an \$80.00 application fee (payable by check made out to The Rochester Protectives). If you are currently a member in another Fire or EMS company, we would appreciate a letter of acknowledgment of your application from a senior officer of your current company (Chief, President, etc.)

The next steps in the application process will be presented to you more in depth at your interview. You will be meeting the nightly crews, receiving a physical, and finally having your application voted on by the Protectives Membership.

Again we would like to thank your interest in joining the company and hope to see you soon. If you have any issues with the application or any questions, please contact the Membership Committee at the Protectives at 585-546-1284. You can also contact us through our website at www.RochesterProtectives.org.

Thank you for your time and interest in the Rochester Protectives.

Sincerely,

The Membership Committee
Rochester Protectives, Inc.

Rochester Protectives, Inc. – P.O. Box 31593 – Rochester, NY 14603

<http://www.rochesterprotectives.org>

New York State Law prohibits discrimination on the basis of age, sex, race, creed, color, national origin, disability, sexual orientation or marital status.



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Date: _____

Last Name: _____

First Name: _____ Middle Initial: _____

Have you ever gone by another name? If yes, what? _____

Gender: M F Are you at least 18 years of age? Y N DOB: _____

Residence Address: _____

Mailing Address (If different from above):

Home Phone: (____) _____ Other Phone: (____) _____

Do you have a valid driver's license? Y N

Drivers License State of issue: _____ Drivers License Number: _____

Are you a citizen of the United States or do you a legal right to work in the US? Y N

Have you served or are you serving in the US Armed Forces? Y N

If so, dates of service: _____ to _____

Branch: _____

Have you ever been convicted of any violation of law other than a minor traffic violation? Y N

If so, please provide date(s) and explanation on back of page.

Have you ever been removed from any type of employment? Y N

If so, please provide date(s) and explanation on back of page.

Have you ever been removed from any volunteer service or public employment? Y N

If so, please provide date(s) and explanation on back of page.

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FIRE SERVICE EXPERIENCE:

Are you currently on a Civil Service list? Y N

If so, which list(s)? _____

Are you in process of being hired? Y N

Do you expect to be hired within the next 12 months? Y N

Have you been or are you a member of any other volunteer Fire Service or EMS organization? Y N

If so, please list organization and dates of service:

_____	_____	to	_____
_____	_____	to	_____
_____	_____	to	_____

Are you an exempt firefighter? Y N If so, from which above listed company? _____

Do you know any Rochester Protectives? Y N

If so, who? _____

Do you have a Protectives sponsor? Y N Which member listed above? _____

EDUCATION:

Do you have a High School diploma or equivalent (GED)? Y N

High School (s) attended: _____

Do you have any schooling beyond High School? Y N (not including Fire/EMS service training)

College/Vocational School(s): _____

Field/Program: _____

Degree obtained? Y N Level: Associates Bachelors Masters Other

Do you have any certifications, relevant awards or trainings completed? (Fire/EMS service)

Please list: (Include New York State and County level courses)

WORK EXPERIENCE:

Listing you most recent job first, please list your previous 3 employers, completing all information.

Job Title: _____ Start Date: _____
Employer: _____ End Date: _____
Supervisors Name: _____ Work Phone #: (____) _____
Employers Address: _____

Job Description: _____

Job Title: _____ Start Date: _____
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PERSONAL REFERENCE:

Top section to be completed by applicant

Applicant Name: _____

Due to the Rights of Privacy Act of 1974, the Rochester Protectives shall guarantee confidentiality to persons giving reference only if the applicant waives their right to access. As such the applicant indicates that:

_____ I waive my rights to future access to this reference.
_____ I reserve my right to future access to this reference.

Signature of applicant: _____ Date: _____

Bottom section to be filled out by the reference writer:

Please fill out the assessment matrix regarding the applicant to the best of your knowledge:

	Outstanding (Top 2%)	Superior (Top 10%)	Good (Top Third)	Fair (Middle Third)	Poor (Bottom Third)	Unable to Judge
Intellectual ability						
Ability to work with others						
Ability to follow orders						
Ability in oral expression						
Maturity						
Initiative/ Independence						
Creativity/ Originality						

Name of person giving recommendation: _____

Contact number(s): Home/Work: (____) _____ Cell: (____) _____

How long have you known the applicant? _____ year(s)

How do you know the applicant? _____

Did the applicant explain the duties of the Rochester Protectives? Yes _____ No _____

Do you recommend this applicant for Protectives membership? Yes _____ No _____
(Please feel free to leave additional comments on the back of this page)

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ROCHESTER PROTECTIVES APPLICANT CHECKLIST
PLEASE TEAR OFF AND KEEP

Submitting Application:

- _____ Submit application with all information completed neatly and correctly
- _____ Give recommendation forms to two references (NOT FAMILY MEMBERS)
If they request an envelope, provide a stamped one addressed to the Membership Committee at the Protectives P.O. Box, or bring the form to the interview.
- _____ Letter of Acknowledgment (if member of another Fire/EMS Company)

Items needed for Interview with Membership Committee:

- _____ Background check from police department
- _____ Dues for Financial Secretary (Check to The Rochester Protectives)

After Interview:

- _____ Physical completed
- _____ Meet each duty crew of the Protectives (each of the seven nightly crews)
- _____ Membership Committee reads application to Board of Directors
- _____ Membership Committee brings application before Membership

Voting by general Membership:

- (if rejected by membership, reapplication permitted one year after voting date)
- _____ Turnout gear and uniform issuance
 - _____ Assignment to Officer and duty night

Notes :