



ROCHESTER PROTECTIVES

We Strive To Save

P.O. Box 31593

Rochester, N.Y. 14603

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 several 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 require 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 rochesterprotectives@yahoo.com. You can also contact us through our website at www.rochesterprotectives.org

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

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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Application for Active Membership

Date:

Full name:

First

Middle

Last

Date of Birth:

Age:

Gender:

Ethnicity:

Address:

Street

City

State

Zip

Mailing Address (if different from above):

Street

City

State

Zip

Email Address:

Home Phone:

Cell Phone:

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

Branch:

Dates of Service:

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

If so, please provide date(s) to 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 a separate page.

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

If so, please provide date(s) and explanation on a separate 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:

Name of Organization	Start Date	End Date

Are You an exempt Firefighter: Y N

If so, from which listed company above?

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

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

Do you know any Rochester Protectives? Y N

If so, who:

Do you have a Protectives sponsor? Y N

Which member listed above?

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EDUCATION:

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

	School/ Institute	Field of Study	Degree Type	Graduation Year/ Year Intended
High School				
College/ University				
Vocational Schools				

PAST EMPLOYMENT:

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:

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Job Title:

Start Date:

Employer:

End Date:

Supervisors Name:

Work Phone:

Employers Address:

Job Description:

REFERENCE:

Please fill out the following pages with both personal and professional references. Please see instructions below:

PROFESSIONAL REFERENCE: We request that TWO (2) be Professional references which can be:

Former employer

Teacher/ college professor/ sports coach

Former officer (if you have fire/ems/police/military background)

Must be 18 years of age to be a reference

PERSONAL REFERENCE: We request that ONE (1) be a personal references which can be:

Co-worker

Friend

Must be 18 years of age to be a reference.

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PROFESSIONAL REFERENCE SECTION:

Top section to be completed by applicant:

Due to the Rights of Privacy Act of 1974, the Rochester Protectives shall guarantee confidentiality to persons giving reference only if the application waives their right to access.

As such, I

I waive my rights to future access to this reference (initial)

I reserve my right to future access to this reference (initial)

Applicant Signature:

Date:

Bottom section to be completed by reference writer:

Name:

Email:

Phone:

How do you know the applicant?

How long have you known the applicant?

Did the applicant explain the duties of the Rochester Protectives? (Yes or No)

	Outstanding	Superior	Good	Fair	Poor	Unable to Judge
Intellectual ability						
Ability to work with others						
Ability to follow orders						
Ability in oral expression						
Maturity						
Initiative/independent						
Creativity/Originality						

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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 three references (see reference pages for details)
 - 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:

- _____ Bring Drivers License/ ID
- _____ Bring Original Social Security Card
- _____ Bring any certifications that you might have
- _____ COME WITH QUESTIONS!!!!!!!

After Interview:

- _____ Physical completed
- _____ Background check from police department
- _____ 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)
- _____ Dues for Financial Secretary (Check to The Rochester Protectives Inc.)
- _____ Recruit Training Class
- _____ Night/Officer Assignment

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