

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) (information is in this packet) and an \$80.00 application fee (payable at the night of your interview, payable by check made out to The Rochester Protectives Inc.). 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.

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



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	Application for	or Active Members	ship	
Date:	-			
Full name:				
Pirst Date of Birth:	A ge·	iddle Gender:	Last Ethnicity:	
			Etimicity	
Address:			0	7.
Mailing Address (if different fr	om above):	City	State	Zip
Triuming Tradition (in different in	om u oo (o).			
Street	City		State	Zip
Email Address:				
Home Phone:		Cell Phone: _		
Drivers License State of Issue:		Drivers Licen	se Number:	
Do you understand that the \$8 interview (explained on the fro		ee must be paid at t	he time of your Y	Z N
Cash Check	Date Pa	id:		
GENERAL/BACKGROUND	:			
How did you hear about the R	ochester Protectiv	es? (choose all that	apply)	
Social Medial (Facebo	ok, Instagram)			
News				
Referral				
Other				

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 minor traffic violation?	Y	N
If so, please provide date(s)to		
Explain below:		
Have you ever been removed from any type of employment?	Y	N
If so, please provide date(s)to		
Explain below:		
Have you ever been removed from any volunteer service or public employment?	Y	N
If so, please provide date(s)to		
Explain Below:		

FIRE SERVICE EXPERIENCE:

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

Y N

If so, please list organization, dates of service and exempt status below.

Name	e of Organization	Start Date	End Date		emption tus (Y/N)
Are you currently on	a Civil Service list? If So chooes fr	om lists below.		Y	N
Rochester Fir	e Department Civil Service				
Monroe Cour	nty Civil Service				
Other					
Are you in process of	being hired by the RFD or county	agency?		Y	N
Do you expec	et to be hired within the next 12 m	onths?		Y	N
Do you have any certi	ifications, relevant awards or train	ings completed?	(Fire/EMS servi	ice)	
Please list: (In	nclude New York State and County	level courses)			
Do you know any me	mber of the Rochester Protectives	?		Y	N
If so, who:					
Do you have a Protec	tives sponsor?			Y	N
•	per listed above?				

EDUCATION:

PAST EMPLOYMENT:

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

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

Comp	lete the information	n below, and at	tach latest resum	e at the end of	f this application	. Please list vour
Comp	icte the information	i ociom, alla a	tucii iutcot i couiii	c at the cha of	i tilio application	. I icuse iist your

previous 3 employers. Listing your most recent job first. Job Title: ___ ______ Start Date:_____ Employer:_____ _____ End Date: _____ Supervisors Name:___ _____ Work Phone:_____ Employers Address:___ Job Description: Job Title: ______ Start Date: _____ Employer:___ ____ End Date: ___ ____ Work Phone:____ Supervisors Name:___ Employers Address: Job Description:

Start Date:
End Date:
Work Phone:

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.

PROFESSIONAL REFERENCE SECTION:

Top section to be completed by applicant:

to persons giving reference only if the application	n waives their right to access.
As such, I	
I waive my rights to future acces	
I reserve my right to future access	ss to this reference (inital)
Applicant Signiture:	Date:
Bottom section to be compleated by reference w	riter:
Name:	
Email:	
Phone:	
How do you know the applicant?	
How long have you known the applicant?	
Did the applicant explain the duties of the Roche	ester Protectives? (Yes or No)

Due to the Rights of Privacy Act of 1974, the Rochester Protectives shall guarantee confidentiality

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

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Due to the Rights of Privacy Act of 1974, the Rochester Protectives sha	all 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 (inital)	
I reserve my right to future access to this reference (inital)	
Applicant Signiture:	Date:
Bottom section to be compleated by reference writer: Name:	
Name:	
Email.	
Email:	
Phone:	
Phone:	

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

PERSONAL REFERENCE SECTION:

Top section to be completed by applicant:

Due to the Rights of Privacy Act of 197	4, the Rochester Protectives shall guarantee confidentiality
to persons giving reference only if the applicati	on waives their right to access.
As such, I	
I waive my rights to future acco	ess to this reference (inital)
I reserve my right to future acc	ess to this reference (inital)
Applicant Signiture:	Date:
Bottom section to be compleated by reference Name:	
Name:	
Email:	
Phone:	
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	Outstanding	Superior	Good	Fair	Poor	Unable to Judge
Intellectual ablilty						
Ability to work with others						
Ability to follow orders						
Ability in oral expression						
Maturity						
Initative/ independent						
Creativity/ Originality						

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)
Latest Resume
Items needed for Interview with Membership Committee:
Bring Drivers License/ ID
Bring Original Social Security Card
Bring any certifications that you might have (orignials)
BRING \$80.00 APPLICATION FEE (CASH OR CHECK)
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 General Membership
Voting by general Membership:
(if rejected by membership, reapplication permitted one year after voting date)
Recruit Training Class
Night/Officer Assignment
Notes:



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POLICE BACKGROUND CHECK INFORMATION SHEET

As a part of the application process to join Rochester Protectives Inc., you will need to obtain a criminal background check before you are eligible to join. The police departments listed below are the most common PD we encounter. Depending on where you live in Monroe County, please go to one of the following police departments or one of your local police department.

Rochester Police Department (City Resident ONLY)

Address: 185 Exchange Boulevard, Rochester NY, 14614

Phone: (585) 428-6720

Monroe County Sheriff's Office (County Resident, anywhere outside the city)

Address: 130 South Plymouth Ave, Rochester NY, 14614

Phone: (585) 753-4178

Ontario County Sheriff's Office

Address: 74 Ontario St, Canandaigua, NY 14424

Phone: (585) 394-4560

Greece Police Department (Town of Greece Resident ONLY) Headquarters Address: 6 Vince Tofany Blvd, Greece, NY 14612

Phone: 585-865-9200

Precinct #2 Address: 500 Maiden Lane, Greece, New York 14616

Phone: 585-720-4104

Irondequoit Police Department (Town of Irondequoit Resident ONLY)

1300 Titus Ave, Rochester, NY 14617 (585) 336-6000

Police Background prices may vary depending on where you live. Usually, they are around \$15 to \$25. Please when you go to get your background, please bring the following:

- ID (whether that be your driver's license, passport, etc.)
- Original Social Security Card

Please have the police department send the police background to your **personal address** and hand it to the membership committee in person. OR if they give you the option to pick it up in person, that is okay to.



Last Name:___

ROCHESTER **PROTECTIVES**

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ARSON BACKGROUND AUTHORIZATION FORM

As a part of the application process to join Rochester Protectives, it is required for ALL applicants to submit themselves for an Arson background check before being eligible to join the company. The Membership Committee will submit the information to Monroe County Sheriff's Office.

Please fill out the information below and submit it to the Chairman of the Membership Committee.

_____ Gender:__

First Name:	Ethnicity:		
Middle Name:	Date of Birth:		
Address: (Street, City, State, Zip)			
Social Security Number:			
· ·	ound is required to be enable for membership for Rochester Protectives Inc. to investigate my background as is determined am interested in being a part of.		
Sign Here:	Date:		



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DUTY NIGHT SIGNATURE SHEET

As a part of the application process to join Rochester Protectives Inc., you will need to complete this signaturez sheet. You will do this by meeting all the crews and having the Officer of the crew or senior member sign off on their night.

Shift begins at 1800hrs (6pm). Please call the firehouse at (585)546-1284 after that time and identify yourself as a candidate for membership. Ask the officer in charge if you can come down and meet the crew. You will need to submit this form back to the membership committee prior to your application being voted upon by the membership.

Applicant Name: _		
F F		

Duty Night	Officer Signature	Date
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		



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FIREFIGHTER Physicals

As a part of the application process to join Rochester Protectives Inc., you will need to complete a firefighter physical through Rochester Regional Health Occupational health services.

The membership committee will work with you and Occumed to set up an appointment. Appointments for the Protectives are scheduled Mondays and Thursdays, 8am to 2pm. Please make sure you show up 15-20 minutes prior to your appointment to fill out paperwork. The process will move quicker if you arrive early.

Employee & Occupational Health - Unity Hospital
"Professional Building"

1561 Long Pond Road, Suite 150 Rochester, NY 14626
West Entrance, Parking Lot B1

If you are a volunteer with another fire department, and you have had a physical within the past year, you can use that physical for your application process. You can hand in your physical in person or send it via email to the membership committee.