

MEMBERSHIP APPLICATION

Welcome Applicant,

Allow us to express our thanks to you for showing interest in the Rochester Protectives. It is with great pride and tradition that this Company continues to bring in a high amount of enthusiasm and good character, which reflects on not only the Company as a whole, but also on our membership and those interested in joining our ranks.

Established on August 23, 1858, the Rochester Protectives is the only remaining volunteer fire department in the city of Rochester. With our motto of “We Strive to Save”, the Rochester Protectives are a salvage company who act alongside the Rochester Fire Department. Our services include salvage, overhaul, ventilation, scene power, air supply and scene lighting as well as special assignments, water problems and broken windows.

The membership process can take anywhere from four to six months upon handing in an application. This process includes a number of steps that need to be completed before an applicant can be voted into general membership.

Once you hand your application in, 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. 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 (Check made out to The Rochester Protectives). If you are or have been a firefighter in another company, we would appreciate a letter of acknowledgment of your application from a senior officer (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, getting a physical from the company physicians, and then getting voted on by the general 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 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 Rochester Protectives Co. No. 1
Membership Committee

MEMBERSHIP APPLICATION

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PLEASE PRINT LEGIBLY

Have you ever been convicted of any violation of Law other than a minor violation? Y / N

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

Have you ever been removed from any volunteer service? Y / N

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

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 selected within the next 6 months? Y / N

Do you know any Rochester Protectives, past or present? Y / N

If so, who? _____

Do you have a Sponsor? _____

What is your highest level of education? _____

High School: _____

Major: _____

Graduate/GED? Y / N

College: _____

Field: _____

Degree? Y / N Type: _____

Do you have any current certifications, degrees or are you currently enrolled in any relevant Fire/EMS classes? Please include NY state and county level trainings: (Please list)

(Please attach COPIES of certificates if available)

PLEASE PRINT LEGIBLY

WORK EXPERIENCE

(Current) Employer: _____

Dates Employed: ____ / ____ / ____ to ____ / ____ / ____ (or current)

Job Title: _____

Supervisor Name: _____

Employer Address: _____

Employer Phone: (____) _____ - _____

Job Description: _____

(Previous) Employer: _____

Dates Employed: ____ / ____ / ____ to ____ / ____ / ____ (or current)

Job Title: _____

Supervisor Name: _____

Employer Address: _____

Employer Phone: (____) _____ - _____

Job Description: _____

(Previous) Employer: _____

Dates Employed: ____ / ____ / ____ to ____ / ____ / ____ (or current)

Job Title: _____

Supervisor Name: _____

Employer Address: _____

Employer Phone: (____) _____ - _____

Job Description: _____

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 of 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: _____

How long have you known the applicant? _____ (years/months/other)

In what capacity? _____

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

Do you recommend this applicant for Protectives membership? Yes____ No____

(Please feel free to leave additional comments on the back of this page)

Top section to be completed by applicant

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Name of person giving recommendation: _____

How long have you known the applicant? _____ (years/months/other)

In what capacity? _____

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

Do you recommend this applicant for Protectives membership? Yes ___ No ___

(Please feel free to leave additional comments on the back of this page)

APPLICANT CHECKLIST PLEASE TEAR OFF AND KEEP

Date/Complete

_____ Hand in application with all information filled out neatly, completely and correctly

_____ Give recommendation forms to two references

_____ Letter of Acknowledgment from Fire Chief (firefighters prior to applying)

Interview

_____ Background Clearance from local police

_____ Meet each night duty crew of the Protectives (each of the seven days of the week)

Voted on by general Membership/ if rejected by general membership, reapplication can occur in one year from voting date.

_____ Physical

_____ Dues

_____ Turnout gear and fatigues

Notes :

THIS PAGE TO BE COMPLETED BY MEMBERSHIP COMMITTEE

Applicant Name: _____

DOB: _____

Membership committee checklist: DATE

Application received: _____

First reading: _____

Police background check: _____

Second reading: _____

Membership Voting results: Approve: _____ Dissapprove: _____

Interview: _____ Members

Present: _____

IF ACCEPTED BY MEMBERSHIP, TURN THIS FORM OVER TO THE CHIEF.

AFTER MEMBERSHIP ACCEPTANCE:

Date voted into Membership: _____

Probation for (12 Months): _____

6 Month review date: _____

Dues Paid to Financial Secretary: _____

Physical received: _____

Pass? Y / N

Issued Bylaws and house rules: _____

Yellow Insurance Card: _____

Harassment training: _____

First Fit Test: _____

Recruit Class: _____

Pass? Y / N

6 Month review completed: _____

Probation terminated: _____