



**COUNTY OF ROCKLAND**  
DEPARTMENT OF PERSONNEL

18 New Hempstead Road  
New City, New York 10956  
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Email: RCPersonnel@co.rockland.ny.us

C. SCOTT VANDERHOEF  
County Executive

JOAN SILVESTRI  
Commissioner of Personnel

**VOLUNTEER EXPERIENCE FORM**

**NAME:**

**ADDRESS:**

**TITLE APPLIED FOR:**

**PHONE #:**

**SOCIAL SECURITY #:**

**EMAIL ADDRESS:**

**Dear Candidate:**

**You must assume full responsibility for reporting your volunteer training and experience and for providing all other necessary documentation needed to determine whether you meet the minimum qualifications for the position you are applying for.**

**Please be careful to list the month as well as the year you started each job and the month and year you left it. You must be sure to indicate the number of hours you worked on a regular or average basis, the total number of weeks worked and the total number of hours of work you are claiming for each time period. (Conversion to full-time equivalent work will be on the basis of 35 hours or 40 hours equaling one week depending upon the position applied for.) You should count only those months in which you actually performed the volunteer work.**

**You must clearly identify the kinds of duties and the level of responsibility involved in the volunteer work as it related to the minimum qualifications. The description should demonstrate the degree of guidance or supervision received as well as the areas within which you acted independently. The nature of your volunteer work must have been the major thrust of your work, not merely an incidental or peripheral duty.**

**Volunteer experience will not be evaluated unless it is clearly documented. This form must be submitted with a letter from a responsible agency official verifying the statements claimed, both as to your duties and to the actual time you work. A generalized letter of reference is NOT sufficient.**

**Should you possess the minimum qualifications required, using your volunteer experience, you should complete the reverse of this form letter and file it with the Rockland County Personnel along with the proper letter of verification and the application for Employment and Civil Service Examination. The information on your form as well as on the agency verification must coincide in order to be credited.**

**ALL ITEMS ON THIS VOLUNTEER FORM MUST BE COMPLETED. LIST EACH VOLUNTEER ACTIVITY SEPARATELY. IF ADDITIONAL SPACE IS REQUIRED CONTINUE ON A PIECE OF PAPER USING THE SAME FORMAT AS BELOW OR PRINT ANOTHER VOLUNTEER FORM FROM THE ROCKLAND COUNTY PERSONNEL WEBSITE. DOCUMENTATION MUST PROVIDE VERIFICATION OF BOTH "A" AND "B" BELOW.**

|                           |  |  |  |
|---------------------------|--|--|--|
| <b><u>AGENCY</u></b>      |  | <b><u>ADDRESS</u></b>  |  |
|                           |  | Duties: If supervision is involved, give number and titles of individuals supervised. Read the qualifications of the position being applied for before completing this section and detail <u>how</u> your experience matches requirements. |  |
| Began Volunteer Service   |  |  |  |
| From: Mo. _____ Yr. _____ |  |  |  |
| Ended Volunteer Service   |  |  |  |
| To: Mo. _____ Yr. _____   |  |  |  |
| Your Title                |  |  |  |
| Title of Your Supervisor  |  |  |  |
| Name of Supervisor        |  |  |  |

|  |   |   |
|--|---|---|
| Total Time Claimed:<br>(Respond to A or B) | <b>A:</b> Average hours per week _____ for a total of _____ weeks | <b>B:</b> Total number of hours of work claimed _____ |
|--|---|---|

|                           |  |  |  |
|---------------------------|--|--|--|
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| Began Volunteer Service   |  |  |  |
| From: Mo. _____ Yr. _____ |  |  |  |
| Ended Volunteer Service   |  |  |  |
| To: Mo. _____ Yr. _____   |  |  |  |
| Your Title                |  |  |  |
| Title of Your Supervisor  |  |  |  |
| Name of Supervisor        |  |  |  |

|  |   |   |
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| Total Time Claimed:<br>(Respond to A or B) | <b>A:</b> Average hours per week _____ for a total of _____ weeks | <b>B:</b> Total number of hours of work claimed _____ |
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|--|---|---|

|       |                    |
|-------|--------------------|
| Name: | Social Security #: |
|-------|--------------------|