

**COUNTY OF SAN DIEGO**  
**VOLUNTEER REPORT FORM**  
**PERIOD JULY 1, 2011 - JUNE 30, 2012**

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
2012 JUL 24 PM 5 04  
THOMAS J. PASTUSZKA  
CLERK OF THE BOARD  
OF SUPERVISORS

**Deadline: July 13, 2012**

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: District Attorney's Office, County of San Diego

Division/Unit: Administration

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. of Vol. 192      Hours 41,348.75      X \$ 21.79      = \$ 900,989.26

Types of work performed by GENERAL VOLUNTEERS in this category:

1. Vista America Corps (7)
2. Victim Assistance Program (10)
3. Community (17)
4. Paralegal Student Interns (27)
5. Law Student Interns (131)

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.      Hours      X \$ 21.36      = \$

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

N/A



**3. DONATIONS TO VOLUNTEER PROGRAM:**

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_  
 Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

TOTAL VALUE = \$ -0-

**4. VOLUNTEER PROGRAM COSTS:**

a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 120 X Rate 48.52 = \$5,822.40

b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 70 X Rate \$31.00 = \$2,170.00

c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>

TOTAL OF OTHER PROGRAM COSTS= \$

d. TOTAL OF VOLUNTEER PROGRAM COST = \$ 7,992.40  
 (add 4a, 4b, and 4c)

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$ <u>918,588.49</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$ <u>-0-</u>
c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3)	\$ <u>7,992.40</u>

**TOTAL PROGRAM BENEFIT**

**\$ 910,596.09**

**6. RECRUITING:**

Please describe your recruiting programs:

**We currently have two internship programs: Certified Legal Interns and Paralegal Interns. We work with the local law schools and with the Paralegal Program Coordinators at several colleges. Additionally, we post with *Simplicity.com* for 2L, 3L and Post Bars who have an interest in volunteering. Our Director of the Victim Assistant Program actively recruit from various sources. Our website provides a great deal of information for our community volunteers.**

**7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

**Our Volunteer Attorney yielded four attorney hires; two paralegal interns were hired as permanent paralegal, and four community volunteers were hired on as permanent support staff.**

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2012-13:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

**Our goal for 2012/13 is to keep our numbers up with volunteers and to continue to be able to recruit the very best for permanent positions.**

**9. GENERAL INFORMATION:**

Name of Person Completely Report: Kim Allen

Phone Number: (619) 531-4016 Mail Stop: D-421 E-Mail: kim.allen@sdcca.org

Volunteer Coordinator: Kim Allen

Phone Number: (619) 531-4016 Mail Stop: D-421 Email: kim.allen@sdcca.org

**10. DEPARTMENT CERTIFICATION:**

  
\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
DATE