



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2013 - JUNE 30, 2014
Deadline: July 18, 2014**

1. DEPARTMENT INFORMATION:

Department: HSA
 Division/Unit: AIS/VETERAN SERVICES

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	24 Hours	26400	X	\$22.55	=	\$595,320.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

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

No. of Vol.	Hours		X	\$22.55	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

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: n/a	Value:
Item Donated: _____	Value: _____

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

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

Hours 960 X Rate \$17.73 = \$17,020.80

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

Hours 300 X Rate \$17.73 = \$5,319.00

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** = **\$22,339.80**
 (add 4a, 4b, and 4c)

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>			
_____	_____		_____		\$0.00			
_____	_____		_____		\$0.00			
_____	_____		_____		\$0.00			
_____	_____		_____		\$0.00			
_____	_____		_____		\$0.00			
No. of Vol.					Total Hours	0	Total Value =	\$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	24	26400	\$595,320.00
2b.	_____	_____	_____
2c.	_____	_____	_____
Total Vol.		24 Hours	26,400 Total Value = \$595,320.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$595,320.00</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$22,339.80</u>

TOTAL PROGRAM BENEFIT

\$572,980.20

6. RECRUITING:

Please describe your recruiting programs:

Word to mouth. We receive phone calls daily inquiring about our work study program with veterans wanting to participate. We also can reach out to the VA and request students if we want to and need to recruit.

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:

n.a

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2014-15:

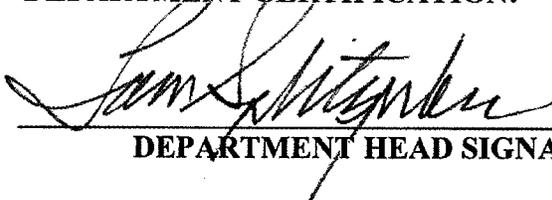
Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Our goal is to maintain the level of volunteers in our office to a steady number to help veterans with their needs and fluctuate between 10 to 15 work study/volunteers on a given time. We regularly have staff meetings which include recognition of our volunteers to make sure they know what a great asset they are to our office.

9. GENERAL INFORMATION:

Name of person completing report:	<u>Hilda Dusso</u>		
Phone: <u>858 694 3211</u>	Mail Stop: <u>O273</u>	E-Mail:	<u>hilda.dusso@sdcounty.c</u>
Volunteer Coordinator:	<u>Hilda Dusso</u>		
Phone: <u>858 694 3211</u>	Mail Stop: <u>O273</u>	E-Mail:	<u>hilda.dusso@sdcounty.c</u>

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

21 July 14
DATE