



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

**1. DEPARTMENT INFORMATION:**

Department: HHSA  
 Division/Unit: BHS/Southeast Adult/Older Adult Mental Health

**2. VOLUNTEER PROGRAM BENEFITS:**

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

No. of Vol	1	Hours	450	X	\$22.55	\$10,147.50
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Types of work performed by GENERAL VOLUNTEERS in this category:

This person was an MSW student intern. Her duties included providing therapy services to individuals and groups on a limited basis. This intern also helped with administrative functions related to the development of a Trauma Informed Care approach by the Southeast Mental Health Center and BHS Administration. The volunteer also completed required documentatin of all services.

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:

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
<b>No. of Vol</b>	<b>Total Hours</b>	0	<b>Total Value</b>	=	<b>\$0.00</b>

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.	1	450	_____
2b.	_____	_____	_____
2c.	_____	_____	_____
<b>Total Vol</b>	<b>1</b>	<b>Hours 450</b>	<b>Total Value = \$10,147.50</b>

**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: _____

**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 **22** X Rate **\$39.63** = **\$871.86**

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 \_\_\_\_\_ X Rate \_\_\_\_\_ = **\$0.00**

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

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

TOTAL OF OTHER PROGRAM COSTS = **\$0.00**

d. TOTAL OF VOLUNTEER PROGRAM COST = **\$871.86**  
(add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$10,147.50</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>\$871.86</u>

**TOTAL PROGRAM BENEFIT**

\$9,275.64
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6. **RECRUITING:**

Please describe your recruiting programs:

We are generally contacted by the Schools of Social Work to see if we are able to provide supervision to an intern. We accept interns limited to what we can provide supervision for to meet the school's requirements.

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:

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 intent is to have 1 MSW intern for the next fiscal year. The recruitment is passive as the schools come to us. USC has already approached about having an intern starting in July of 2014. The volunteer will be trained in the Anasazi Electronic Medical Record, documentation requirements for providing Mental Health Services, and HIPPA requirements. The student will be supervised individually for 1 hour per week to insure the development of therapy skills and to insure competence in the services provided. There is no official recognition event with any costs associated with it.

9. **GENERAL INFORMATION:**

Name of person completing report: Greg Watson  
Phone: (619) 595-4400 Mail Stop: S545 E-Mail: greg.watson@sdcountry.c  
Volunteer Coordinator: Same as above  
Phone: \_\_\_\_\_ Mail Stop: \_\_\_\_\_ E-Mail: \_\_\_\_\_

10. **DEPARTMENT CERTIFICATION:**

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

8-8-14  
DATE