



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

1. DEPARTMENT INFORMATION:

Department: Health & Human Services Agency
 Division/Unit: Public Health Services (PHS) / PHN

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	2	Hours	84	X	\$22.55	=	\$1,894.20
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Types of work performed by GENERAL VOLUNTEERS in this category:

Assisted Chief PHN with developing a summary of Chief PHN duties and created a Chief PHN binder as an orientation tool for a future Chief PHN. Assisted in organizing Teaching Box supplies for North Coastal Public Health Center. Completed a Motivational Interviewing (MI) survey and gave to County PHN staff. Collected information on how competent PHN staff felt with MI skills and provided education to PHNs to improve MI skills and comfort level.

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
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.	<u>2</u>	<u>84</u>	<u>\$1,894.20</u>
2b.	<u>0</u>	<u>0</u>	<u>\$0.00</u>
2c.	<u>0</u>	<u>0</u>	<u>\$0.00</u>
Total Vol.	2	Hours 84	Total Value = \$1,894.20

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 **8** X Rate **\$49.90** = **\$399.20**

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 **3** X Rate **\$49.90** = **\$149.70**

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 = **\$548.90**
(add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$1,894.20</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>\$548.90</u>

TOTAL PROGRAM BENEFIT

\$1,345.30

6. **RECRUITING:**

Please describe your recruiting programs:

PHN Administration receives requests from new graduate Registered Nurses who would like to gain experience in a public health setting while seeking employment. Student nurses also make requests to volunteer for public health nursing while in school. No recruitment is needed at this time for 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:

The volunteer program contributed to providing an overview of Chief PHN duties for a future Chief PHN during orientation. The program contributed towards teaching supplies for field PHN staff. The program assisted PHN staff with becoming more knowledgeable about Motivational Interviewing skills.

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:

PHN Administration would like to use a future volunteer, who has excellent writing skills, for grant applications. It would also be beneficial to use a Volunteer to assist with data clean-up in our field PHN home visiting programs.

9. GENERAL INFORMATION:

Name of person completing report:	<u>Sandi Thomas</u>		
Phone: <u>(619) 542-4136</u>	Mail Stop: <u>P579</u>	E-Mail:	<u>sandi.thomas@sdcountv</u>
Volunteer Coordinator:	<u>Saman Yaghmaee</u>		
Phone: <u>(619) 542-4133</u>	Mail Stop: <u>P578</u>	E-Mail:	<u>saman.yaghmaee@sdcc</u>

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

7-29-14
DATE