



**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/ TB Control & Refugee Health

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	11	Hours	6668	X	\$22.55	=	\$150,363.40
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Types of work performed by GENERAL VOLUNTEERS in this category:

Assisted in gathering background information for research papers, and generated various reports. Also, assisted with administrative activities, such as, formatting documents and creating fliers and brochures. Clinical observation and dental varnish application to refugees.

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:

Provide TB Clinic services for the diagnosis, care, and treatment of tuberculosis cases and suspect cases in the TB Control Clinic.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	11	6668	\$150,363.40
2b.	0	0	\$0.00
2c.	0	0	\$0.00
Total Vol.	11	Hours 6,668	Total Value = \$150,363.40

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 **62** X Rate **\$91.35** = **\$5,663.70**

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 **35** X Rate **\$128.77** = **\$4,506.95**

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

<u>Item</u>	<u>Cost</u>
Email Services Provided 4 volunteers- Total 18 Months	\$185.76
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS = **\$185.76**

d. TOTAL OF VOLUNTEER PROGRAM COST = **\$10,356.41**
(add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$150,363.40</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>\$10,356.41</u>

TOTAL PROGRAM BENEFIT

\$140,006.99

6. **RECRUITING:**

Please describe your recruiting programs:

Recruited from professional and educational sources, associations and networking.

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:

Research studies in variety of TB and Refugee Health related areas. Assist gathering data from TB clinic regarding who is being treated for Latent TB infection at HHSA; TB Lab evaluation turn around times; Research and assist TBC with Latent TB contact/findings, evaluation of education program through communication with contacts. Complete a summary of findings through interview with contacts; Application of Refugee Health Dental Varnish. Wireless Observed Therapy (WOT) study support; Research Latent TB in newly arrived Refugees in San Diego. Shadow and assist TBC clinic physicians in daily activities; PHS data-program evaluation & Epi Study. Complete abstraction for Phil Hopewells NIH funded study.

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:

Currently have six volunteers doing the following activities: Application of dental varnish to children at Catholic Cahrities Refugee Health Program; Student Research- on newly arrived Refugees without proof of immunizations, impacts resources and family; Shadow TB/STD Clinic physican; Complete abstraction for NIH funded directly observed therapy study; continued support with wireless observed therapy study; TB contact investigation quality improvement project.

9. **GENERAL INFORMATION:**

Name of person completing report: Janette Dubski
Phone: (619) 692-8629 Mail Stop: P511D E-Mail: Janette.Dubski@sdccoun
Volunteer Coordinator: Saman Yaghmaee
Phone: (619) 542-4133 Mail Stop: P578 E-Mail: saman.yaghmaee@sdcc

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE

7-29-14
DATE