



**COUNTY OF SAN DIEGO COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORWARD OF SUPERVISORS
PERIOD JULY 1, 2012 - JUNE 30, 2013
Deadline: July 12, 2013**

2013 JUL 18 PM 12 39
THOMAS J. PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: Health & Human Services Agency - North Coastal & North Inland Regions
Division/Unit: North Inland Public Health Center (NIPH)

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1	Hours	315	X	VCL	\$22.14	=	Dollar Benefit	\$6,974.10
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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	VCL	\$22.14	=	Dollar Benefit	\$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 below.)

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</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>1</u>	<u>315</u>	<u>\$6,974.10</u>
			146

2b. _____
 2c. _____

Total Vol. 1 **Hours** 315 **Total Value** = \$6,974.10

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 = \$0.00

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 **25** X Rate **\$43.13** = **\$1,078.25**

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 = \$1,078.25
(add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$6,974.10</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>\$1,078.25</u>

TOTAL PROGRAM BENEFIT \$5,895.85

6. RECRUITING:

Please describe your recruiting programs:

As a Public Health Center, we offer Cal State San Marcos nursing students the opportunity to have their Community Health Rotation here. As many students who are hoping to get into the RN program need volunteer hours, the school often has them call here.

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 was one of the recipients of the Volunteer of the Year award for her outstanding work with our Nurse Family Partnership program.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2013-14:

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

We will continue to have a minimum of 1 volunteer per semester.

9. GENERAL INFORMATION:

Name of person completing report:	<u>Kitty Roche, Public Health Nurse Manager, NIPH</u>		
Phone: <u>760-740-4020</u>	Mail Stop: <u>N512</u>	E-Mail:	<u>Kitty.Roche@sdcounty.ca.gov</u>
Volunteer Coordinator:	<u>Vicky Magsaysay</u>		
Phone: <u>760-740-4135</u>	Mail Stop: <u>N465</u>	E-Mail:	<u>Vicky.Magsaysay@sdcounty.ca.gov</u>

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

Chuck Matthews, Deputy Director
North Coastal & North Inland Regions

7/8/13
DATE