

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

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

2013 JUL 10 PM 2 52

THOMAS J. BOGASKA
CLERK OF BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Health & Human Services Agency
Division/Unit: Public Health Services/ PHS Administration

2. VOLUNTEER PROGRAM BENEFITS:

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

| | | | | | |
|-------------------|------------------|---|---------|---|--------------------|
| No. Vol. <u>1</u> | Hours <u>191</u> | x | \$22.14 | = | \$ <u>4,228.74</u> |
|-------------------|------------------|---|---------|---|--------------------|

Types of work performed by GENERAL VOLUNTEERS in this category:

Gathering and documenting the community engagement process used in developing the Community Health Assessment (CHA) and the five HHS regional *Live Well, San Diego! Community Health Improvement Plans* (CHIPs), as part of a research project and future publication. Also, conducted key informant interviews with regional and *Live Well, San Diego!* staff in addition to the key PHS staff involved in the accreditation preparation process.

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

| | | | | | |
|----------------|-------------|---|---------|---|----------|
| No. Vol. _____ | Hours _____ | x | \$22.14 | = | \$ _____ |
|----------------|-------------|---|---------|---|----------|

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> | x | VCL | = | <u>Dollar Benefit</u> |
| _____ | _____ | | | | |

| | | |
|---------|-------------|-------------|
| No. Vol | Total Hours | Total Value |
|---------|-------------|-------------|

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>191</u> | <u>\$ 4,228.74</u> |
| 2b: _____ | | |
| 2c: _____ | | |

| | | |
|------------------|------------------------|--------------------------------|
| TOTALS: <u>1</u> | Total Hours <u>191</u> | Total Value \$ <u>4,228.74</u> |
|------------------|------------------------|--------------------------------|

3. DONATIONS TO VOLUNTEER PROGRAM: N/A

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: _____
 Item Donated: _____ Value: _____

| |
|----------------|
| TOTAL VALUE \$ |
|----------------|

4. VOLUNTEER PROGRAM COSTS:

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

Hours 20 x Rate \$ 40.85 =

| |
|------------------|
| \$ <u>817.00</u> |
|------------------|

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

Hours _____ x Rate \$ _____ =

| |
|----------|
| \$ _____ |
|----------|

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 = \$ 817.00
 (add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 4,228.74
- b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ _____
- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) \$ 817.00

TOTAL PROGRAM BENEFIT **\$ 3,411.74**

6. RECRUITING:

Please describe your recruiting programs:

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 2012-13:

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

The goal of performance management and public health accreditation volunteers is to train future public health employment pool of candidates in this fairly new area to public health so that they can competently work in the area of public health performance management, quality improvement, and accreditation.

9. GENERAL INFORMATION:

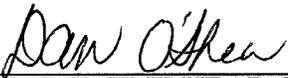
Name of Person Completing Report: Pete Sison

Phone Number: (619) 542-4175 Mail Stop: P578 E-Mail: pete.sison@sdcounty.ca.gov

Volunteer Coordinator: Saman Yaghmaee

Phone Number: (619) 542-4133 Mail Stop: P578 E-Mail: saman.yaghmaee@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:


DEPARTMENT HEAD SIGNATURE

7/9/13
DATE