



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: Juvenile Forensic Services

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	6	Hours	11,100	X	\$22.55	=	\$250,305.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

Our 6 interns are from the Alliant University in either a Ph.D. or Psy.D. program. They provide individual and group therapy, crisis intervention services, forensic report writing and other therapeutic and supportive services to youth in juvenile detention settings.

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>	<b>0</b>	<b>Total Value</b>	<b>=</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.	_____ 6	_____ 11,100	_____ \$250,305.00
2b.	_____	_____	_____
2c.	_____	_____	_____
<b>Total Vol.</b>	<b>6</b>	<b>Hours 11,100</b>	<b>Total Value = \$250,305.00</b>

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 **250** X Rate **\$38.28** = **\$9,570.00**

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 **20** X Rate **\$38.28** = **\$765.60**

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 = **\$10,335.60**  
(add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<b>\$250,305.00</b>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<b>\$0.00</b>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<b>\$10,335.60</b>

**TOTAL PROGRAM BENEFIT**

**\$239,969.40**

**6. RECRUITING:**

Please describe your recruiting programs:

Alliant University belongs to a clearing house that locates doctoral internships for their students. We are contacted every year and we interview prospective candidates for our 6 internship slots.

**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:

None noted.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2014-15:**

We have interviewed and accepted our 6 interns for FY 14-15. They will begin in August/September.

9. **GENERAL INFORMATION:**

Name of person completing report: Douglas Smith, LCSW  
Phone: 858.694.4548 Mail Stop: P-535 E-Mail: douglas.smith@sdcount  
Volunteer Coordinator: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mail Stop: \_\_\_\_\_ E-Mail: \_\_\_\_\_

10. **DEPARTMENT CERTIFICATION:**

  
DEPARTMENT HEAD SIGNATURE

7/25/14  
DATE