



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

COUNTY OF SAN DIEGO

2014 JUL 22 PM 7 27

CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT INFORMATION:**

Department: Health and Human Services Agency  
Division/Unit: Central Region

**2. VOLUNTEER PROGRAM BENEFITS:**

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

No. of Vol.	3 Hours	437.5	X	\$22.55 =	\$9,865.63
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Types of work performed by GENERAL VOLUNTEERS in this category:

**Community Health Action Team:** Organizing health promotion materials, providing Spanish translation of materials. Community: supporting President John Adams Manor Apartments' intergenerational garden, various conferences, and community events. Assisted in organizing CORE, a teen sexual health and wellness event- at Crawford High School. Assigned as the volunteer coordinator and resource table registration coordinator.

**Centre City Family Resource Center:** Provided support to Admin and Leadership team by taking on several special projects to improve efficiencies including establishing written business processes and updating All Staff folder on S drive.

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:

n/a

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>\$0.00</b>

Types of work performed by SPECIALIZED VOLUNTEERS in this category:  
n/a

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	_____ 3	_____ 437.5	_____ \$9,865.63
2b.	_____	_____	_____ \$0.00
2c.	_____	_____	_____ \$0.00
<b>Total Vol.</b>	<b>3 Hours</b>	<b>438</b>	<b>Total Value = \$9,865.63</b>

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 **36** X Rate **\$31.00** = **\$1,116.00**

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 **16** X Rate **\$20.47** = **\$327.52**

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 = **\$1,443.52**  
(add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$9,865.63</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>\$1,443.52</u>

**TOTAL PROGRAM BENEFIT**

**\$8,422.11**

**6. RECRUITING:**

Please describe your recruiting programs:

County Website provides information on how to contact Central Region Volunteer Coordinator and other Volunteer Coordinators throughout the County, additionally, attend WAY Program recruitment sessions.

**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:

n/a

**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:

Continue reach out to the community and encourage students and adults to gain work experience through the HHSA Central Region Volunteer Program. Keep volunteers apprised of job opening for the County of San Diego.

**9. GENERAL INFORMATION:**

Name of person completing report: Cyndy Trinh-Keo  
Phone: (619) 270-6338 Mail Stop: W407 E-Mail: Cyndy.Trinh-Keo@sdcounty.ca.gov  
Volunteer Coordinator: Diane Reinert  
Phone: (858) 694-4526 Mail Stop: P-31 E-Mail: Diane.Reinert@sdcounty.ca.gov

**10. DEPARTMENT CERTIFICATION:**

  
DEPARTMENT HEAD SIGNATURE  
Barbara Jiménez, Deputy Director

7/14/2014  
DATE