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/ California Children Services**

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	5	Hours	300	X	**$22.55**	=	**$6,765.00**

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.

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

No. of Vol.		Hours		X	**$22.55**	=	**$0.00**

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

Position	Hours	X	VCL	=	Dollar Benefit
					$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):

	No. of Volunteers	Hours	Dollar Benefit
2a.	5	300	$6,765.00
2b.	0	0	$0.00
2c.	0	0	$0.00

Total Vol.	5	**Hours**	300	**Total Value =**	**$6,765.00**

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:	
Item Donated:		Value:	
Item Donated:		Value:	
Item Donated:		Value:	

TOTAL VALUE =	$0.00

4. VOLUNTEER PROGRAM COSTS:

a. Cost of supervision of volunteeers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours	100	X	Rate	$39.40	=	$3,940.00

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	24	X	Rate	$35.13	=	$843.12

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

Item	Cost

TOTAL OF OTHER PROGRAM COSTS	=	**$0.00**
d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	**$4,783.12**

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	**$6,765.00**
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	**$0.00**
c. Subtract Total of Program Costs, Item 4d (Page 3)	**$4,783.12**
TOTAL PROGRAM BENEFIT	**$1,981.88**

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 2014-15:**

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

9. **GENERAL INFORMATION:**

Name of person completing report: Cecilia Gonzalez

Phone: (619) 528-4064 Mail Stop: P586 E-Mail: celia.gonzales@sdcount

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**