



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2014 - JUNE 30, 2015
Deadline: July 17, 2015**

COUNTY OF SAN DIEGO
2015 JUL 17 PM 2:05
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: HHSA-Behavioral Health Services
Division/Unit: Quality Improvement

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1 Hours	64 X	\$23.07 =	\$1,476.48
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Types of work performed by GENERAL VOLUNTEERS in this category:
Clerical work such as filing, making copies, creating binders, etc.

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

No. of Vol.	Hours	X	\$23.07 =	\$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 below.)

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

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a.	<u>1</u>	<u>64</u>	<u>\$1,476.48</u>
2b.	<u>0</u>	<u>0</u>	<u>\$0.00</u>
2c.	<u>0</u>	<u>0</u>	<u>\$0.00</u>

Total Vol.	1 Hours	64 Total Value =	\$1,476.48
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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 **10** X Rate **\$40.00** = **\$400.00**

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 **2** X Rate **\$33.09** = **\$66.18**

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 = **\$466.18**
(add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$1,476.48
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$0.00
c. Subtract Total of Program Costs, Item 4d (Page 3)	\$466.18

TOTAL PROGRAM BENEFIT \$1,010.30

6. RECRUITING:

Please describe your recruiting programs:

The volunteer contacted BHS requesting work experience.

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:

Assisted with clerical duties for audit preparation.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2015-16:

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

No volunteers are planned for FY 15-16.

9. GENERAL INFORMATION:

Name of person completing report: Liz Miles

Phone: 619-563-5015 Mail Stop: P-531G E-Mail: elizabeth.miles@sdcounty.ca.gov

Volunteer Coordinator: n/a

Phone: _____ Mail Stop: _____ E-Mail: _____

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

7/17/15
DATE