



**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: San Diego County Psychiatric Hospital (SDCPH)

**2. VOLUNTEER PROGRAM BENEFITS:**

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

No. of Vol.	1 Hours	636 X	\$23.07 =	\$14,672.52
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Types of work performed by GENERAL VOLUNTEERS in this category:

The Social Work Intern worked with a multidisciplinary treatment team, conducted psychosocial assessments using direct observation and face-to-face assessments, communicated with team members, created a safe discharge plan including obtaining appropriate collateral and referrals and completed documentation according to Joint Commission standards in a timely manner.

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.)

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</u>	<u>Dollar Benefit</u>
_____	_____	_____	_____	_____	\$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):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	<u>1</u>	<u>636</u>	<u>\$14,672.52</u>
2b.	<u>0</u>	<u>0</u>	<u>\$0.00</u>
2c.	<u>0</u>	<u>0</u>	<u>\$0.00</u>

<b>Total Vol.</b>	<b>Total</b> 1 Hours	636	<b>Total Value =</b> \$14,672.52
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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: \_\_\_\_\_  
 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 **96** X Rate **\$34.73** = **\$3,334.08**

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 \_\_\_\_\_ X Rate \_\_\_\_\_ = **\$0.00**

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



9. GENERAL INFORMATION:

Name of person completing report: Nancy Bazzetta  
Phone: 619-692-8241 Mail Stop: P-533 E-Mail: Nancy.Bazzetta@sdcounty.ca.gov  
Volunteer Coordinator: Elizabeth Amstadter  
Phone: 858 636-3585 Mail Stop: W406 E-Mail: Elizabeth.Amstadter@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:

  
DEPARTMENT HEAD SIGNATURE 7/9/15  
DATE