



**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 2:09
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: HHS - Behavioral Health Services
Division/Unit: Southeast Mental Health Clinic (SEMHC)

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1 Hours	225	X	\$23.07	=	\$5,190.75
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Types of work performed by GENERAL VOLUNTEERS in this category:

The volunteer was an MSW student intern from the University of Southern California. She provided assessments, and individual and group therapies under the supervision of a Licensed Mental Health Clinician.

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.	1	225	\$5,190.75
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	Total 1 Hours	225 Total Value =	\$5,190.75
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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 X Rate =

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 =

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

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS =

d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c) =

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$5,190.75</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>\$341.00</u>

TOTAL PROGRAM BENEFIT

\$4,849.75

6. **RECRUITING:**

Please describe your recruiting programs:

SEMHC is approached each year by MSW programs for student internships. SEMHC provides internships based on available clinical staff to provide supervision.

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 2015-16:**

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

SEMHC will work with MSW programs upon requests for an internships.

9. **GENERAL INFORMATION:**

Name of person completing report: Greg Watson, LCSW
Phone: (619) 595-4400 Mail Stop: S545 E-Mail: greg.watson@sdcounty.ca.gov
Volunteer Coordinator: Greg Watson
Phone: above Mail Stop: _____ E-Mail: _____

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE

7/17/15

DATE