



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

COUNTY OF SAN DIEGO
2015 AUG -5 AM 10:03
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: Heath and Human Services Agency
Division/Unit: North County Regions - North Coastal Family Resource Center

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1 Hours	20	X	\$23.07	=	\$461.40
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Types of work performed by GENERAL VOLUNTEERS in this category:

Administration special projects, gathered information for multiple folders, printing, laminating

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

No. of Vol.	8 Hours	1964.25	X	\$23.07	=	\$45,315.25
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

Assembled recertification, welcome and application packets, emptied recycle bins, sorted and filed homeless mail, made copies, mailed out renewal Cal Fresh/ Medical letters to clients and served as Lobby greeters.

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>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
N/A					\$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:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	1	20	\$461.40
2b.	8	1964.25	\$45,315.25
2c.	0	0	\$0.00

Total Vol.	9	Hours	1,984	Total Value =	\$45,776.65
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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: N/A	Value:
Item Donated:	Value:

TOTAL VALUE =	\$0.00
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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	<input type="text" value="\$0.00"/>

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)	<input type="text" value="\$45,776.65"/>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<input type="text" value="\$0.00"/>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<input type="text" value="\$722.15"/>
TOTAL PROGRAM BENEFIT	<input type="text" value="\$45,054.50"/>

6. RECRUITING:

Please describe your recruiting programs:

Referrals from Rescare (Arbor Employment & Training), meeting/emails with Work Experience Case Manager, monthly work experience report completed and sent to Work Experience Manager at Rescare

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 2015-16:

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

9. GENERAL INFORMATION:

Name of person completing report: Elvira Obregon
Phone: 760-754-5833 Mail Stop: N106 E-Mail: Elvira.Obregon@sdcounty.ca.gov
Volunteer Coordinator: Vicky Magsaysay
Phone: 760-740-3034 Mail Stop: N465 E-Mail: Vicky.Magsaysay@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

8/4/15

DATE

CHUCK MATTHEWS, DIRECTOR, NORTH COUNTY REGIONS, HHSA