



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

COUNTY OF SAN DIEGO  
2015 JUL 24 AM 8:42  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT INFORMATION:**

Department: Health & Human Services Agency  
Division/Unit: Public Health Services / Public Health Nursing

**2. VOLUNTEER PROGRAM BENEFITS:**

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

<b>No. of Vol.</b>	<b>224 Hours</b>	<b>9808</b>	<b>X</b>	<b>\$23.07</b>	<b>=</b>	<b>\$226,270.56</b>
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Types of work performed by GENERAL VOLUNTEERS in this category:

The following activities was performed by one volunteer for total of 888 hours: a) Reviewed Narratives of the Domains 4, 6, & 8, as part of the Accreditation Application process, b) Tracked Accreditation progress via the Rising Star board and Excel Spreadsheet., c) Created an Orientation Binder for the new CNO and a second copy for the Director of Public Health., d) Created Quality Assurance Report on: Clinic Site Assessment, Pharmacy Medication Inspection, Laboratory Assessment, and Immunization Assessment (Documents and PowerPoint). e) Scanned 44 Title 15 Final Reports and converted it to electronic files. f) Researched information; compiled and analyzed data. Also, 223 nursing students participated in supervised visits to MCH clients in the home to provide education, outreach and referrals services to these low-income families. Each student is required to spend 90 hours at one of the Public Health Centers. Each student takes on referral and conducts home visit for 4 hours a week for 10 weeks for total of 40 hours. The remaining 50 hours are not counted in this calculation since students spend the remaining 50 hours of their internships on observation or visit service providers within the communities. (4hrs x 223 volunteers + 888 hrs. x 1 volunteer @ \$23.07 per hour = \$226,270)

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

<b>No. of Vol.</b>	<b>Hours</b>	<b>X</b>	<b>=</b>	<b>\$0.00</b>
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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

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
<b>No. of Vol.</b>	<b>Total Hours</b>	<b>0</b>	<b>Total Value =</b>		<b>\$0.00</b>

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.	224	9808	\$226,270.56
2b.	0	0	\$0.00
2c.	0	0	\$0.00
<b>Total Vol.</b>	<b>224 Hours</b>	<b>9,808</b>	<b>Total Value = \$226,270.56</b>

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 **240** X Rate **\$47.10** = **\$11,304.00**  
6 PHN Staff Liaisons/ 40 hours each

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 **15** X Rate **\$47.10** = **\$706.50**

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

<u>Item</u>	<u>Cost</u>
Standard PC bundle annual cost at \$1,889.64 (x4)	\$7,558.56
Voice Jack - VM - Multi line annual cost at \$639.48 (x4)	\$2,557.92
<b>TOTAL OF OTHER PROGRAM COSTS</b>	<b>\$10,116.48</b>

d. **TOTAL OF VOLUNTEER PROGRAM COST** = **\$22,126.98**  
(add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) **\$226,270.56**  
b. Total of Donations to Volunteer Program, Item 3 (Page 2) **\$0.00**  
c. Subtract Total of Program Costs, Item 4d (Page 3) **\$22,126.98**

**TOTAL PROGRAM BENEFIT** **\$204,143.58**

**6. RECRUITING:**

Please describe your recruiting programs:

PHN Administration staff evaluates requests for internship opportunities passed on by the DHRO, and/or received via email or telephone calls. Students with the highest qualifications, and whose learning program and goals align with those of PHS/PHN Administration are moved to the top of the priority list. PHN Administration has limited staff to supervise interns and limited space to house them. Therefore, PHN Administration generally only has one intern at any given time.

**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:

The volunteer program contributed to providing an orientation binder for the new Chief Nursing Officer, assistance with Public Health Accreditation and with Quality Assurance Reporting.

**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:

PHN Administration would like to use a future volunteer, who has excellent writing skills, for grant applications. It would also be beneficial to use a Volunteer to assist with data clean-up in our field PHN home visiting programs.

**9. GENERAL INFORMATION:**

Name of person completing report:	Bruce Coon		
Phone: <u>619-542-4136</u>	Mail Stop: <u>P-579</u>	E-Mail:	<u>bruce.coon@sdcounty.ca</u>
Volunteer Coordinator:	<u>Saman Yaghmaee</u>		
Phone: <u>619-542-4008</u>	Mail Stop: <u>P-578</u>	E-Mail:	<u>saman.yaghmaee@sdcc</u>

**10. DEPARTMENT CERTIFICATION:**

  
\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

July 22, 2015  
DATE