



COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2015 - JUNE 30, 2016
Deadline: July 15, 2016

COUNTY OF SAN DIEGO
2016 MAY 31 PM 12:42
CLERK OF SUPERIOR COURT

1. DEPARTMENT INFORMATION:

Department: Air Pollution Control District
Division/Unit: Administrative Services

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1 Hours	30 X	\$23.56 =	\$706.80
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Types of work performed by GENERAL VOLUNTEERS in this category:

Reviewed and validated GIS DATA- Specifically data from the Assessor - Linking our sites to parcels. Researched available GIS options for APCD GIS data. Researched and assessed APCD Data for the creation of "layers" of APCD specific data. Reviewed and recommended additional GIS system functions based on assessments fo other LUEG Department systems.

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

No. of Vol.	Hours	X	\$23.56 =	\$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

<u>Position</u>	<u>Hours</u>	X	<u>VCL</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

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>30</u>	<u>\$706.80</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 30	Total Value = \$706.80

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:	_____
Item Donated:	_____	Value:	_____
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	<input type="text" value="4"/>	X Rate	<input type="text" value="\$49.83"/>	=	<input type="text" value="\$199.32"/>
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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	<input type="text" value="2"/>	X Rate	<input type="text" value="\$26.53"/>	=	<input type="text" value="\$53.06"/>
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
Office Supplies	\$10.00
_____	_____
_____	_____
_____	_____
_____	_____

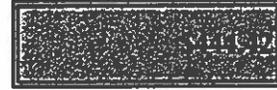
TOTAL OF OTHER PROGRAM COSTS	=	<input type="text" value="\$10.00"/>
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d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	<input type="text" value="\$262.38"/>
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$706.80</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>\$262.38</u>

TOTAL PROGRAM BENEFIT



6. RECRUITING:

Please describe your recruiting programs:
County NEOGOV and Applications accepted

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 2016-17:

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

N/A

9. GENERAL INFORMATION:

Name of person completing report: Heidi Snyder

Phone: 858-586-2890 Mail Stop: O-176 E-Mail: Heidi.snyder@sdcounty.a

Volunteer Coordinator: Same as above

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

10. DEPARTMENT CERTIFICATION:



 DEPARTMENT HEAD SIGNATURE

5-31-2016

 DATE