



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

CLERK OF THE CLERK OF SUPERVISORS  
 2016 JUL 18 PM 4:35  
 COUNTY OF SAN DIEGO

**1. DEPARTMENT INFORMATION:**

Department: HHS-Behavioral Health Services  
 Division/Unit: South East 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	10.5	X	\$23.56	=	\$247.38
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Types of work performed by GENERAL VOLUNTEERS in this category:

The volunteer is a licensed therapist (LCSW) who conducted a mindfulness therapeutic group which taught clients self-awareness and coping skills to assist them in managing overwhelming feelings.

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

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

Position	Hours	X	VCL	=	Dollar Benefit
_____	_____		_____		\$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	10.5	\$247.38
2b.	0	0	\$0.00
2c.	0	0	\$0.00

<b>Total Vol.</b>	<b>1</b>	<b>Total Hours</b>	<b>10.5</b>	<b>Total Value =</b>	<b>\$247.38</b>
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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)

=

**\$83.30**

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)

**\$247.38**

b. Total of Donations to Volunteer Program, Item 3 (Page 2)

**\$0.00**

c. Subtract Total of Program Costs, Item 4d (Page 3)

**\$83.30**

**TOTAL PROGRAM BENEFIT**

**\$164.08**

6. RECRUITING:

Please describe your recruiting programs:

N/A

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: Ursula Snowden

Phone: 619-595-4450

Mail Stop: S545

E-Mail: [Ursula.Snowden@sdcounty.ca.gov](mailto:Ursula.Snowden@sdcounty.ca.gov)

Volunteer Coordinator: Diana Cobb, BHPM

Phone: 619-595-4400

Mail Stop: S545

E-Mail: [Diana.Cobb@sdcounty.ca.gov](mailto:Diana.Cobb@sdcounty.ca.gov)

10. DEPARTMENT CERTIFICATION:

  
DEPARTMENT HEAD SIGNATURE

7-15-16  
DATE