



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

COUNTY OF SAN DIEGO  
 2016 JUL 22 AM 9:13  
 CLERK OF THE BOARD  
 OF SUPERVISORS

**1. DEPARTMENT INFORMATION:**

Department: Health 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.	2 Hours	1080	X	\$23.56	=	\$25,444.80
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Types of work performed by GENERAL VOLUNTEERS in this category:

**Assisting the external customer with resource, referral and follow-up services (housing, mental health, domestic violence, education referrals). Linking external customers to services offered in the Family Resource Center (General Relief, CalWorks, Medi-Cal, CalFresh). Participate in CalFresh outreach. Participate in Grandparents Raising Grandchildren. Providing in-service training to staff on topics such as Domestic Violence, Trauma Informed Practice, Community Resources.**

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

No. of Vol.	3 Hours	704	X	\$23.56	=	\$16,586.24
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

**Assembled recertification, intake, welcome and application packets, emptied recycle bins, sorted and filed homeless mail, made copies.**

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>
_____	_____		_____		\$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>
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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.	<u>2</u>	<u>1080</u>	<u>\$25,444.80</u>
2b.	<u>3</u>	<u>704</u>	<u>\$16,586.24</u>
2c.	<u>0</u>	<u>0</u>	<u>\$0.00</u>

<b>Total Vol.</b>	<b>5</b>	<b>Hours</b>	<b>1,784</b>	<b>Total Value =</b>	<b>\$42,031.04</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: N/A Value: \_\_\_\_\_  
 Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

<b>TOTAL VALUE =</b>	<b>\$0.00</b>
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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 =

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)	<b>\$42,031.04</b>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<b>\$0.00</b>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<b>\$373.98</b>

**TOTAL PROGRAM BENEFIT**

**6. RECRUITING:**

Please describe your recruiting programs:

**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 2016-17:**

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

**HHS/North Coastal FRC's goal is to continue to provide work experience for customers who are seeking clerical experience to prepare them so that they can better their life and become self sufficient.**

**9. GENERAL INFORMATION:**

Name of person completing report:	Elvira Obregon		
Phone: <u>760-754-5833</u>	Mail Stop: <u>N106</u>	E-Mail:	<u>elvira.obregon@sdcounty.ca.gov</u>
Volunteer Coordinator:	<u>Vicky Magsaysay</u>		
Phone: <u>760-740-3034</u>	Mail Stop: <u>N465</u>	E-Mail:	<u>vicky.magsaysay@sdcounty.ca.gov</u>

**10. DEPARTMENT CERTIFICATION:**

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

7/20/16  
**DATE**

CHUCK MATTHEWS, DIRECTOR, NORTH COUNT REGIONS