



**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 Inland 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	43.3	X	\$23.56 =	\$1,020.15
-------------	---------	------	---	-----------	------------

No. of Vol.	Hours		X	\$23.56 =	\$0.00
-------------	-------	--	---	-----------	--------

Types of work performed by GENERAL VOLUNTEERS in this category:

Converted different types of document formats into JPEG in order to upload them into our Digital Signage/Eboard (Screenscape). She also learn how to create and design new Screenscape displays and videos and how to publish them with and without a set schedule.

In the absence of staff, she cleared their voice messages. She kept a record of the messages and forward them to the corresponding supervisor for assignment to take appropriate action.

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

No. of Vol.	4 Hours	262	X	\$23.56 =	\$6,172.72
-------------	---------	-----	---	-----------	------------

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

Clerical duties such as assembling of packets and folders, putting paper in copiers, working at the Xiosk answering questions from the public on how to print out a ticket number before entering the lobby.

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
No. of Vol.	Total Hours	0	Total Value =		\$0.00

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	43.3	\$1,020.15
2a.	0	0	\$0.00
2b.	4	262	\$6,172.72
2c.	0	0	\$0.00
Total Vol.	5	305	Total Value = \$7,192.87

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 =

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="\$7,192.87"/>
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="\$1,841.84"/>

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:

9. GENERAL INFORMATION:

Name of person completing report:	<u>Ed Villalobos</u>		
Phone: <u>(760) 740-3390</u>	Mail Stop: <u>N85</u>	E-Mail:	<u>Ed.Villalobos@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

CHUCK MATTHEWS, DIRECTOR, NORTH COUNTY REGIONS



DATE