



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

COUNTY OF SAN DIEGO
2016 JUL 15 PM 4:18
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: Health and Human Services Agency
Division/Unit: Public Health Services (PHS) / PHS Administration

2. VOLUNTEER PROGRAM BENEFITS:

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

| | | | | | | |
|-------------|---------|-----|---|---------|---|------------|
| No. of Vol. | 2 Hours | 311 | X | \$23.56 | = | \$7,327.16 |
|-------------|---------|-----|---|---------|---|------------|

Types of work performed by GENERAL VOLUNTEERS in this category:

Assisted Performance Improvement Manager with the development of strategic plan for the department and building the capacity to share resources for detection, investigation and mitigation of public health issues.

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

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

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> |
|--------------------|--------------------|----------|----------------------|---|-----------------------|
| N/A | | | | | \$0.00 |
| | | | | | \$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. | 2 | 311 | \$7,327.16 |
| 2b. | | 0 | \$0.00 |
| 2c. | 0 | 0 | \$0.00 |
| Total Vol. | 2 Hours | 311 | Total Value = \$7,327.16 |

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: _____

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> |
|-------------|-------------|
| N/A | |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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) | <u>\$7,327.16</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>\$1,309.80</u> |

TOTAL PROGRAM BENEFIT

| |
|-------------------|
| \$6,017.36 |
|-------------------|

6. RECRUITING:

Please describe your recruiting programs:

Volunteers are recruited via various methods that include contact with San Diego State University and University of California at San Diego, word of mouth, via collaborative relationships with stakeholders, and referrals from the Health and Human Services Agency and the County Department of Human Resources.

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:

Accreditation status was conferred on the County of San Diego on May 17, 2016. More than 1,100 documents were compiled and submitted to Public Health Accreditation Board and our volunteers contributed to this achievement.

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:

Maintain connections with academic institutions with public health programs to facilitate recruitment, and give volunteers exposure to all aspects of program administration, development, implementation, and evaluation of Public Health programs and services.

9. GENERAL INFORMATION:

| | | | |
|-----------------------------------|-------------------------|---------|---|
| Name of person completing report: | <u>Pete Sison</u> | | |
| Phone: <u>619-542-4175</u> | Mail Stop: <u>P-578</u> | E-Mail: | <u>pete.sison@sdcountv.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@sdc</u> |

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE



DATE