



**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 4:04
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

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

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	210 Hours	21,000	X	\$23.56	=	\$494,760.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

Student Nurses

They participated in supervised visits to MCH clients in the home to provide education, outreach and referrals services to these low-income families. Student nurses did not provide services that substitute for PHN services.

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:

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>
PHN Project Manager	384		\$35.00		\$13,440.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

No. of Vol.	1	Total Hours	384	Total Value =	\$13,440.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Worked with CNO on various projects including Foster Care Workgroup, Persimmony ECM roll-out preparations, evaluation of PHN Administration Webpage. Participated in meetings, provided feedback to include professional opinion, educated analysis and suggested courses of action.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	210	21000	\$494,760.00
2b.	0	0	\$0.00
2c.	1	384	\$13,440.00
Total Vol.	211	Total Hours	21,384
		Total Value =	\$508,200.00

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)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$508,200.00</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>\$9,031.52</u>

TOTAL PROGRAM BENEFIT

\$499,168.48

6. RECRUITING:

Please describe your recruiting programs:

PHN Administration staff evaluates requests for internship opportunities passed on by the DHRO, and/or received via email or telephone calls. Students with the highest qualifications, and whose learning program and goals align with those of PHS/PHN Administration are moved to the top of the priority list. PHN Administration has limited staff to supervise interns and limited space to house them. Therefore, PHN Administration generally only has one intern at any given time.

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:

The volunteer program contributed to providing an orientation binder for the new Chief Nursing Officer, assistance with Public Health Accreditation and with Quality Assurance Reporting.

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:

PHN Administration would like to continue maintaining its relationship with nursing programs.

9. GENERAL INFORMATION:

Name of person completing report:	<u>Bruce Coon</u>		
Phone: <u>619-542-4136</u>	Mail Stop: <u>P-579</u>	E-Mail: <u>bruce.coon@sdcounty.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@sdcc</u>	

10. DEPARTMENT CERTIFICATION:


DEPARTMENT HEAD SIGNATURE

July 15, 2016
DATE