



**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2016 - JUNE 30, 2017  
Deadline: July 14, 2017**

COUNTY OF SAN DIEGO  
2017 JUL 13 PM 4:40  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT INFORMATION:**

Department: Office of Emergency Services  
Division/Unit: \_\_\_\_\_

**2. VOLUNTEER PROGRAM BENEFITS:**

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

No. of Vol.	19 Hours	3245.45	X	\$24.14	=	\$78,345.16
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Types of work performed by GENERAL VOLUNTEERS in this category:

Assist with general administrative duties, and participate in disaster preparedness public outreach events; research and interpret legislation relating to disaster preparedness and emergency management.

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

No. of Vol.	Hours		X	\$24.14	=	\$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>
_____	_____		_____		\$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>=</b>	<b>\$0.00</b>

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.	19	3245.45	\$78,345.16
2b.	0	0	\$0.00
2c.	0	0	\$0.00
<b>Total Vol.</b>	<b>19</b>	<b>Hours 3,245</b>	<b>Total Value = \$78,345.16</b>

**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: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	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>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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>\$78,345.16</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>\$2,327.40</u>

**TOTAL PROGRAM BENEFIT**

<b>\$76,017.76</b>
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**6. RECRUITING:**

Please describe your recruiting programs:

Inform local universities of internship opportunities with OES. Receive referrals from partner, and receive inquiries via telephone from individuals seeking an internship opportunity.

**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:

Student Volunteers contributed to the development and update of numerous plans and procedures, including assisting with Coastal warrior 2017, the largest complex coordinated terrorism full scale exercise conducted by local government on the county.

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2017-18:**

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

Align internal volunteer training requirements with State and Federal training and credentialing standards and guidelines currently being developed and rolled out.

**9. GENERAL INFORMATION:**

Name of person completing report:	<u>Victor De La Cruz</u>		
Phone: <u>858-565-3490</u>	Mail Stop: <u>O-25</u>	E-Mail:	<u><a href="mailto:Victor.DeLaCruz@sdco">Victor.DeLaCruz@sdco</a></u>
Volunteer Coordinator:	<u>Bennett Cummings</u>		
Phone: <u>858715-2210</u>	Mail Stop: <u>O-25</u>	E-Mail:	<u><a href="mailto:Bennett.Cummings@sdco">Bennett.Cummings@sdco</a></u>

**10. DEPARTMENT CERTIFICATION:**

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

7/13/17  
**DATE**