



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

COUNTY OF SAN DIEGO
2017 JUL 14 PM 1:09
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: HHSA-BHS
Division/Unit: BHS-Quality Improvement, PIT

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1 Hours	30	X	\$24.14 =	\$724.20
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Types of work performed by GENERAL VOLUNTEERS in this category:

Intern has assisted in running data reports and data analysis.

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

No. of Vol.	Total Hours	0	Total Value =	\$0.00
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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.	1	30	\$724.20
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	1 Hours	30	Total Value =	\$724.20
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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:	Value:
Item Donated:	Value:
Item Donated:	Value:
Item Donated:	Value:
Item Donated:	Value:

TOTAL VALUE =	\$0.00
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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	8	X Rate	\$41.38	=	\$331.04
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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	3	X Rate	\$25.00	=	\$75.00
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$406.04

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers. Item 2d (Page 2)

\$724.20

b. Total of Donations to Volunteer Program, Item 3 (Page 2)

\$0.00

c. Subtract Total of Program Costs. Item 4d (Page 3)

\$406.04

TOTAL PROGRAM BENEFIT

\$318.16

6. RECRUITING:

Please describe your recruiting programs:

PIT was contacted by the university asking for a specific placement within the Quality Improvement Department.

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:

Intern had assisted in a special deep dive into the TAY population that PIT was conducting.

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:

No new interns/volunteers are currently planned for the new fiscal year.

9. GENERAL INFORMATION:

Name of person completing report: Liz Miles
Phone: 619-584-5015 Mail Stop: P-531G E-Mail: elizabeth.miles@sdcoun
Volunteer Coordinator: Same as above
Phone: _____ Mail Stop: _____ E-Mail: _____

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

7/14/17
DATE