

COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM PERIOD JULY 1, 2016 - JUNE 30, 2017 JUL 21 AM 8: 39

COUNTY OF SAN DIEGO

OF SUPERVISORS

1. **DEPARTMENT INFORMATION:**

Department:

Health and Human Services Agency

Division/Unit:

North County Regions - North Inland Public Health Center

2. **VOLUNTEER PROGRAM BENEFITS:**

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

No. of Vol. 3 Hours 500 X \$24.14 = \$12,070.00

Types of work performed by GENERAL VOLUNTEERS in this category:

Our volunteer does photography at events and at home-visits. He proofs and corrects the photos and puts them on a disk for the nurse to make prints from or give to the client. He helps arrange food from the food banks for the clients. The general office volunteer helps with organizing the incentive inventory, office duties such as copying, filing and organizing. They helped with generating and data reports, preparing curriculum for teaching boxes and "Baby and Me" classes, and assisting at Health Fairs.

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

No. of Vol. Hours X \$24.14 = \$0.00

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 below.)

Position			<u>Hours</u>	X	$\underline{VCL} =$	Dollar Benefit
Breastfeeding Con	sultants		1	50	\$35.00	\$5,250.00
		<u> </u>				\$0.00
						\$0.00
•		<u></u>				\$0.00
						\$0.00
No. of Vol.	2	Total Hours	150	THE STATE OF	Total Value =	\$5,250.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category: The Lactation Consultants pro

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of V</u>	Volunteers	<u>Hours</u>	Dollar Benefit
2a	3	500	\$12,070.00
2b.	0	0	\$0.00
2c.	2	150	\$5,250.00
Total Vol.	Total 5 Hours	650 Total Value =	\$17,320.00

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer program including monetary donations and <u>tangible/intangible</u> 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:	Gently Hugged Bags of Clothes	Value:	\$500.00
Item Donated:	38	Value:	(F
Item Donated:		Value:	
Item Donated:		Value:	
Item Donated:	2	Value:	

TOTAL VALUE =	\$500.00

a. Cost of supervision of volunteers (total hours of direct supervision person (s) <u>directly supervising program volunteers.</u>)	multiplied by the hourly rate of staff
Hours 10 X Rate \$45.00 =	\$450.00
b. Cost of program coordination (total hours of program coordination coordinator(s)). This section should include coordination of staff, compreparation, volunteer placement, recognition, etc.)	_ ·
Hours 8 X Rate \$27.56 =	\$220.48
c. Other program costs (volunteer training materials/supplies, recogni	tion costs, etc.):
<u>Item</u>	Cost
TOTAL OF OTHER PROGRAM COSTS =	\$0.00
d. TOTAL OF VOLUNTEER PROGRAM COST = (add 4a, 4b, and 4c)	\$670.48
NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PRO	GRAM:
a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$17,320.00
b. Total of Donations to Volunteer Program, Item 3 (Page 2)c. Subtract Total of Program Costs, Item 4d (Page 3)	\$500.00 \$670.48
c. Subtract Total of Flogram Costs, Rem 40 (Fage 3)	\$070.48
TOTAL PROGRAM BENEFIT	\$17,149.52
RECRUITING:	æ

6.

5.

Please describe your recruiting programs:

VOLUNTEER PROGRAM COSTS:

We do not have a formal recruiting program for volunteers. Volunteers hear the value of our programs when presented at community collaborative meetings and are motivated to sign up to help. Nursing students and new graduates sign up to volunteer so they can get experience to add to their resumes.

SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Our photographer took pictures at our monthly "Baby and Me" classes, Easter and Santa events. He was recognized by the State for all of the work he does with our clients in their monthly newsletter.

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:

We hope to have another nursing student volunteer. We speak about this opportunity to the students that are currently doing their rotation in our office; explaining the process. We hope that we will have our volunteer continue to photograph our special events.

9. **GENERAL INFORMATION:**

Name of person completing report:		Bea Moniz			
Phone:	760-740-3016	Mail Stop:	N-512	E-Mail:	bea.moniz@sdcounty.ca.gov
Volunteer Coordinator: Vicky		Vicky Mags	aysay		
Phone:	760-740-3034	Mail Stop:	N465	E-Mail:	vicky.magsaysay@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

CHUCK MATTHEWS, Director, North County Regions