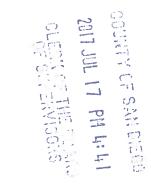
## COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM PERIOD JULY 1, 2016 - JUNE 30, 2017 Deadline: July 14, 2017



#### 1. DEPARTMENT INFORMATION:

Department:

1.7"

Health and Human Services Agency

Division/Unit:

Public Health Services/ HIV, STD and Hepatitis Branch

### 2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol. 4 Hours 255 X \$24.14 = \$6,007.80

Types of work performed by GENERAL VOLUNTEERS in this category:

1: Assisted with data collection and analysis of chlamydia, gonorrhea, and syphilis for the Field Services Unit in HSHB. 2. Assisted with administrative functions including grant writing, program development and evaluation, development of program goals and objectives.

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: 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,

<b>Position</b>	<u>Hou</u>	rs X	$\underline{\text{VCL}} =$	Dollar Benefit
N/A				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
No. of Vol.	Total Hour 0		Total Value =	\$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

TMENT VOLU	•	Dollar Benefit
	<u>110uts</u>	Donar Benefit
4	255	\$6,007.80 6,115.70
	0	\$0.00
0	0	\$0.00
Total	255 Tetal Volume	\$6,007.80 4:115.70
	0	0 0 0 Total

# 3. DONATIONS TO VOLUNTEER PROGRAM:

donations secti Item Donate			Value:	
Item Donate			Value:	
Item Donate			- Value: -	
Item Donate			Value:	
Item Donate		·	Value:	
	TOT	AL VALUE =	ALPHAN THE	
VOLUNTEE	R PROGRAM COSTS:			
- Carlotting - 1000	ervision of volunteers (total hour	rs of direct sur	pervision multin	lied by
	staff person (s) directly supervisi			
•				
]	Hours 17 X Rate \$43	3.66 =	THE WAY	
b. Cost of pro	gram coordination (total hours of	f program coo	ordination multip	plied the
	gram coordination (total hours of ator(s)). This section should incl			
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## 5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)
- b. Total of Donations to Volunteer Program, Item 3 (Page 2)
- c. Subtract Total of Program Costs, Item 4d (Page 3)

\$6,007.80 4,155.70 \$0.00

\$1,239.02

#### **TOTAL PROGRAM BENEFIT**

\$4,768.78

4,914.68

### 6. RECRUITING:

Please describe your recruiting programs:

Collaborated with local community college, such as San Diego Mesa College, and recruited student volunteers needing to fulfill community work.

## 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:

Volunteers assisted with the development of educational materials to increase the awareness of the public on HIV, chlamydia, gonorrhea, and syphilis.

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:

The goals for two of the HSHB interns are to help with the large workload while also training someone for future employment with the County. This included: learning about data entry and analysis for the three primary sexually transmitted diseases in San Diego County, evaluation, research and analysis. The goal for one of the volunteers was to work on a syphilis research project in collaboration with UCSD.

9. GENERAL INFORMATION:

Star Salar

Name of person completing report: Lauren Brookshire

Phone: 619-293-4705 Mail Stop: P505 E-Mail: Lauren Brookshire Badcounty ca gov

Volunteer Coordinator: Saman Yaghmaee

Phone: (619) 542-4133 Mail Stop: P578 E-Mail: Saman Ynghrman@adcounty.ca.gov

10. DEPARTMENT CERTIFICATION:

nea July 14, 2017

RTMENT HEAD SIGNATURE DAT