

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



1. **DEPARTMENT INFORMATION:**

Department:

Health and Human Services Agency

Division/Unit:

Public Health Services / Maternal, Child, and Family Health Ser

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol. 3 Hours 265 X \$24.14 = \$6,397.10

Types of work performed by GENERAL VOLUNTEERS in this category:

Administrative Services

Provided support to Administrative Services staff related to FY17-19 Budget Build / Operational Plan.

Maternal, Child, and Adolescent Health (MCAH)

Provided program support and assistance with the implementation of various MCAH programs

Chronic Disease and Health Equity (CDHE)

Worked with CDHE staff and subject matter experts regarding methods and mechanisms to analyze data; supported Program Managers on various components of the Chronic Disease and Health Equity Programs.

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

No. of Vol.	Llower	v	624 14 -	\$0.00
No. of Vol.	Hours	Λ	\$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

Position		Hours	X	<u>VCL</u> =	Dollar Benefit
	<u> </u>				\$0.00
		E .			\$0.00
				3 31 330	\$0.00
					\$0.00
					\$0.00
No. of Vol.	Total Hours	0		Total Value =	\$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunt	eers	Hours	Dollar Benefit
2a.	3	265	\$6,397.10
2b.	0	0	\$0.00
2c.	0	0	\$0.00
Total Vol.	3 Hours	265 Total Value =	\$6,397.10

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, tra	ansportation, books, etc. Please
assign a fair market value to each and add to the total value of	
Item Donated:	Value:
TOTAL VALUE =	\$0.00
TOTAL VALUE -	\$0.00
A MOLEUMER BROOK AN COCKE	
4. VOLUNTEER PROGRAM COSTS:	
a. Cost of supervision of volunteeers (total hours of direct sup	
rate of staff person (s) directly supervising program volunteers.	a.)
Hours 27 X Rate \$76.10 =	\$2,016.70
	2103410
b. Cost of program coordination (total hours of program coord	lination multiplied the hourly rate
of coordinator(s)). This section should include coordination of	
description preparation, volunteer placement, recognition, etc.)	
description preparation, volunteer pracement, recognition, etc.)	
Hours 4 X Rate \$58.93	\$234.25 235.72
Tiouts 4 A Rate \$58.55	\$254.25
c. Other program costs (volunteer training materials/supplies,	
<u>Item</u>	Cost
Desktop Services	\$1,299.20
Wire/Wireless Network Access	\$1,301.12
Voice Jack and Multiline Phone	\$793.44
Voice Mail	\$59.20
Email Services	\$165.60
TOTAL OF OTHER PROGRAM COSTS =	\$3,618.56
d. TOTAL OF VOLUNTEER PROGRAM COST =	\$5,869.51 5 908.98
(add 4a, 4b, and 4c)	\$5,869.51 5 908.98
5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEE	R PROGRAM:
a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$6,397.10
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	60.00
c. Subtract Total of Program Costs, Item 4d (Page 3)	\$5,869.51 5,908,98
(

TOTAL PROGRAM BENEFIT

\$527.59

488,12

6. **RECRUITING:**

Please describe your recruiting programs:

Maternal, Child, and Family Health Services recruits volunteers through various Public Health Councils, Collaboratives, and Universities offering Public Health Programs, as well as Community Based Organizations.

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:

Through the efforts of the Administrative Services Volunteer, staff was able to develop the Branch's FY17-19 Budget amounting to \$15 million annually.

The MCAH Volunteer provided support in conducting focus groups, community events, meetings and workshops; in conducting research; in tracking and monitoring data, and so forth to implement the MCAH program goals for Adolescent Health, for Access to Care, as well as Interconception Health.

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 Branch plans to continuously welcome volunteers who provide invaluable work experience to implement Branch goals and objectives.

9. GENERAL INFORMATION:

Name of person completing report:

Alfie Gonzaga

Phone: 619-692-5513

Mail Stop: P511

E-Mail: alfie.gonzaga@sdcounty

Volunteer Coordinator:

Phone: 619-542-4008

Saman Yaghmaee

Mail Stop: P578

saman.yaghmaee.sdcou

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

July 14, 2017

E-Mail: