



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

COUNTY OF SAN DIEGO
2017 JUL 17 PM 4:41
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: Health & Human Services Agency
Division/Unit: Public Health Services/TB Control & Refugee Health

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	14 Hours	2044	X	\$24.14	=	\$49,342.16
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Types of work performed by GENERAL VOLUNTEERS in this category:

1. Development of the Media Campaign for LTBI
2. Development of Cultural Competency material for providers
3. Researching for the CureTB program
4. Assisting in the analysis of TB Patient treatment

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.	14	2044	\$49,342.16
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	14 Hours	2,044	Total Value =	\$49,342.16
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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

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 **208** X Rate **\$34.69** = **\$7,215.52**

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 **64** X Rate **\$34.74** = **\$2,223.36**

c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
Desktop Services (\$81.20 mo. x 6 mo. x 3 stations)	\$1,461.60
Wireless Network Access (\$81.32 mo. x 6 mo. x 3 stations)	\$1,463.76
Voice Jack & Multiline Phone (\$49.59 mo. x 6 mo. x 2 Accts)	\$595.08
Voice mail (\$3.70 mo. x 6 mo. x 2 Accts)	\$44.40
Email Services (\$10.35 mo. x Avgas 10 mo. x 4 Accts)	\$414.00

TOTAL OF OTHER PROGRAM COSTS = \$3,978.84

d. TOTAL OF VOLUNTEER PROGRAM COST = \$13,417.72
 (add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$49,342.16</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>\$13,417.72</u>

TOTAL PROGRAM BENEFIT

\$35,924.44

6. RECRUITING:

Please describe your recruiting programs:

Recruited volunteers from professional and educational sources, associations and networking.

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 for TB campaign and shadowed and assisted TBC clinic physicians in daily activities. They also conducted data evaluation & Epidemiological studies and assisted in the planning and development of the LTBI media campaign. Also facilitated focus groups and compiled data to streamline the message.

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 program is planning utilizing undergraduate students to develop and present cultural competency trainings to the refugee population in FY 2017/18.

9. GENERAL INFORMATION:

Name of person completing report: Venus Zayas
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Volunteer Coordinator: Saman Yaghmaee
Phone: (619) 542-4008 Mail Stop: P-578 E-Mail: Saman.Yaghmaee@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:


DEPARTMENT HEAD SIGNATURE

July 14, 2017
DATE