



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2018 - JUNE 30, 2019
Deadline: July 12, 2019**

COUNTY OF SAN DIEGO
2019 JUL 12 AM 10:38
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department:	Health and Human Services Agency
Division/Unit:	Financial and Support Services

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Volunteers: 1	Hours: 216	x \$25.43	= \$5,492.88
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Types of work performed by GENERAL VOLUNTEERS in this category:
Verbal and written communication with contractors to set up job walks and to schedule work. Printed proposals and documentation needed for the meetings. Sat in on Joint Scope Meetings and met with contractors on site to pass instructions on what work was to be done. Shadowed various members of the office at different steps of a project for experience.

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

No. of Volunteers: 0	Hours: 0	x \$25.43	= \$0
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:
N/A



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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	Hours	x	VCL	=	Dollar Benefit
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____

No. of Volunteers: _____ **Total Hours:** _____ **Total Value:** = \$ _____

Types of work performed by SPECIALIZED VOLUNTEERS in this category:
N/A

d. **TOTALS OF DEPARTMENT VOLUNTEERS** (from above):

	No. of Volunteers		Hours		Dollar Benefit
2a.	1		216		\$5,492.88
2b.	_____		_____		_____
2c.	_____		_____		_____
Total Volunteers	1	Total Hours	216	Total Value	\$5,492.88



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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: \$ _____

4. VOLUNTEER PROGRAM COSTS:

a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours: 40.5 x Rate: \$47.78 = \$1,935.09

b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours: 33.75 x Rate: \$38.25 = \$1,290.94

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

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

TOTAL OF OTHER PROGRAM COSTS \$0



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d. **TOTAL OF VOLUNTEER PROGRAM COST**
(Sum of 4a, 4b and 4c)

\$3,226.03

5. **NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$5,492.88
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$0
c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3)	\$3,226.03

TOTAL PROGRAM BENEFIT

\$2,266.85

6. **RECRUITING:**

Please describe your recruiting programs:

HHSA FSSD does not actively recruit for volunteers. We currently review the resumes as they are submitted to the Volunteer Coordinator. If the skill set is seen as potentially suitable for our departments, department heads are contacted to confirm if they are interested in having a volunteer in their office. The direct supervisor then schedules a meeting with the volunteer to discuss expectations and responsibilities. Applicants who are not asked to volunteer are sent an email.

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:

N/A



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8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2018-19:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Program's goal was to educate and provide a learning experience for the volunteer. Goal was to allow him to shadow various office members in (Office Support Specialist, Administrative Support Specialist, Facilities Analysts, and Building Maintenance Supervisor) to acquire a feel for the different levels of work that goes into minor projects and capital projects and different types of work (e.g. fiscal, admin, networking, etc.). While doing so he would also assist with relevant tasks that would provide experience and allow staff time to be prioritized.

9. GENERAL INFORMATION:

Name of Person Completing Report:	Nhi Tran		
Phone Number:	619-692-5173	Mail Stop:	P502L
Email:	Nhi.tran@sdcounty.ca.gov		

Volunteer Coordinator:	Nhi Tran		
Phone Number:	619-692-5173	Mail Stop:	P502L
Email:	Nhi.tran@sdcounty.ca.gov		

10. DEPARTMENT CERTIFICATION:



 DEPARTMENT HEAD SIGNATURE

07/12/19

 DATE