



**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 9:06
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: Health and Human Services Agency
Division/Unit: Medical Care Services Division - Emergency Medical Services

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1	Hours	416	X	\$25.43	=	\$10,578.88
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Types of work performed by GENERAL VOLUNTEERS in this category:

Projects included preparation and research of the Health Services Capacity Task Force plan, writing of policies, preparation of presentations and documentation of work and workflow. The volunteer also assisted in organizational work at the shelter for asylum seeking families.

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

No. of Vol.		Hours		X	\$25.43	=	\$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>
Fellow, Emergency Medical	208		\$84.77		\$17,632.16
					\$0.00
					\$0.00
					\$0.00
					\$0.00

No. of Vol.	1	Total Hours	208	Total Value =	\$17,632.16
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:
 Emergency Medical Services Fellow rotation: As physicians in training, the Emergency Medical Services Fellow at UCSD volunteers for the County, Medical Care Services Division, during program rotation and completes approved projects for the EMS Medical Director. Projects included, literature reviews, participating in key meetings, program assessment, performance improvement and stakeholder engagement.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	1	416	\$10,578.88
2b.	0	0	\$0.00
2c.	1	208	\$17,632.16

Total Vol.	2	Hours	624	Total Value =	\$28,211.04
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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 X Rate =

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 X Rate =

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

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

TOTAL OF OTHER PROGRAM COSTS =

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

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$28,211.04</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>\$7,360.00</u>

TOTAL PROGRAM BENEFIT

\$20,851.04

6. RECRUITING:

Please describe your recruiting programs:

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:

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:

9. GENERAL INFORMATION:

Name of person completing report: Adria Cavanaugh
Phone: 619-285-6485 Mail Stop: S-555 E-Mail: adria.cavanaugh@sdco.gov
Volunteer Coordinator: Same as above
Phone: _____ Mail Stop: _____ E-Mail: _____

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

DATE