



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

**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. | 1 | Hours | 70 | X | \$25.43 | = | \$1,780.10 |
|-------------|---|-------|----|---|---------|---|------------|

Types of work performed by GENERAL VOLUNTEERS in this category:

1. Development of booklet with inspiring letters from TB survivors, both in English and Spanish. The intention is that these booklets would be handed out to recently diagnosed patients. The booklet would be entitled "The Patient Voice", in honor of the Vauclain Home newsletter that was started by Rosemarie Whitney.

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

|             |  |       |  |   |         |   |        |
|-------------|--|-------|--|---|---------|---|--------|
| No. of Vol. |  | Hours |  | X | \$25.43 | = | \$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 below.)

| <u>Position</u> | <u>Hours</u> | X | <u>VCL</u> | = | <u>Dollar Benefit</u> |
|-----------------|--------------|---|------------|---|-----------------------|
| _____           | _____        |   | _____      |   | \$0.00                |
| _____           | _____        |   | _____      |   | \$0.00                |
| _____           | _____        |   | _____      |   | \$0.00                |
| _____           | _____        |   | _____      |   | \$0.00                |
| _____           | _____        |   | _____      |   | \$0.00                |

|                    |  |                    |          |                      |               |
|--------------------|--|--------------------|----------|----------------------|---------------|
| <b>No. of Vol.</b> |  | <b>Total Hours</b> | <b>0</b> | <b>Total Value =</b> | <b>\$0.00</b> |
|--------------------|--|--------------------|----------|----------------------|---------------|

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. | <u>1</u>                 | <u>70</u>    | <u>\$1,780.10</u>     |
| 2b. | <u>0</u>                 | <u>0</u>     | <u>\$0.00</u>         |
| 2c. | <u>0</u>                 | <u>0</u>     | <u>\$0.00</u>         |

|                   |          |              |           |                      |                   |
|-------------------|----------|--------------|-----------|----------------------|-------------------|
| <b>Total Vol.</b> | <b>1</b> | <b>Hours</b> | <b>70</b> | <b>Total Value =</b> | <b>\$1,780.10</b> |
|-------------------|----------|--------------|-----------|----------------------|-------------------|

### 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: _____ |

|                      |               |
|----------------------|---------------|
| <b>TOTAL VALUE =</b> | <b>\$0.00</b> |
|----------------------|---------------|

**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 | <input type="text" value="\$0.00"/> |

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)    | <input type="text" value="\$1,780.10"/> |
| b. Total of Donations to Volunteer Program, Item 3 (Page 2) | <input type="text" value="\$0.00"/>     |
| c. Subtract Total of Program Costs, Item 4d (Page 3)        | <input type="text" value="\$528.22"/>   |

**TOTAL PROGRAM BENEFIT**

**6. RECRUITING:**

Please describe your recruiting programs:

1. TB Education & Outreach: TB Education & Outreach consists of increasing awareness and knowledge about tuberculosis (TB) by providing a variety of tuberculosis-related education, training and oversight activities for health care providers, correctional staff, and other community partners, that may come into contact with persons at risk for tuberculosis. Outreach services also include supporting families during TB treatment through in-home services and education.

**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:

Volunteer assisted with the development of educational materials for newly diagnosed patients. A booklet is being development that would contain inspirational letters from previous TB patients for newly diagnosed patients to read.

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

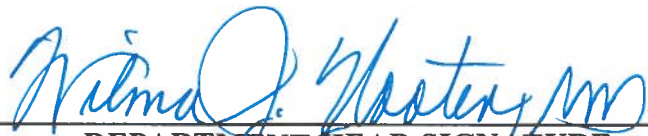
Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continue developing media materials, to be used in presentations and materials for patients and providers.

**9. GENERAL INFORMATION:**

|                                   |                         |         |   |
|-----------------------------------|-------------------------|---------|---|
| Name of person completing report: | <u>Venus Zayas</u>      |         |   |
| Phone: <u>(619) 692-8027</u>      | Mail Stop: <u>P576</u>  | E-Mail: | <u><a href="mailto:venus.zayas@sdcounty.ca.gov">venus.zayas@sdcounty.ca.gov</a></u>         |
| Volunteer Coordinator:            | <u>Caroline Mosher</u>  |         |   |
| Phone: <u>619-542-4174</u>        | Mail Stop: <u>P-578</u> | E-Mail: | <u><a href="mailto:Caroline.Mosher@sdcounty.ca.gov">Caroline.Mosher@sdcounty.ca.gov</a></u> |

**10. DEPARTMENT CERTIFICATION:**



**DEPARTMENT HEAD SIGNATURE**  
**WILMA J. WOOTEN, M.D., M.P.H.**

7/2/2019

**DATE**