



COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2019 - JUNE 30, 2020
Deadline: July 17, 2020

1. DEPARTMENT INFORMATION:

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

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Volunteers: Hours: x \$29.95 = \$

Types of work performed by GENERAL VOLUNTEERS in this category:

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

No. of Volunteers: Hours: x \$29.95 = \$

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:



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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
Associate Accountant	145		34.25		\$4,966.25

No. of Volunteers: 1 Total Hours: 145 Total Value: = \$4,966.25

Types of work performed by SPECIALIZED VOLUNTEERS in this category:
 Volunteer was a recently retired Associate Accountant. She attended meetings, served as a subject matter expert on matters related to County Expense Claim (CEC) and trained new accountant. She assisted with preparation of the Adjusting Period (ADJ Period) claim in the first quarter CEC Claim, helped with CEC Coding (Direct Cost, General Ledger, CEC Schedule Balance) and reviewing Schedule of Expenditures of Federal Awards (SEFA) and sub-recipient. When she was not in the office, she was available by phone for questions.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a.	_____	_____	_____
2b.	_____	_____	_____
2c.	1	145	\$4,966.25
Total Volunteers	1	Total Hours	145
		Total Value	\$4,966.25



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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: _____ x Rate: _____ = \$ _____

- 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: 5 x Rate: 53.21 = \$266.05

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

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

TOTAL OF OTHER PROGRAM COSTS



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

\$266.05

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$4,966.25
b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$
c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) \$266.05

TOTAL PROGRAM BENEFIT

\$4,700.20

6. RECRUITING:

Please describe your recruiting programs:

HHS A FSSD currently 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, 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 notifying them that our offices are not taking in volunteers at the time.

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:



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8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2019-20:

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

As a division we were not planning to use volunteers in FY19-20. However, during this period (August 2019-October 2019), general goals of the department was to train new accountant and to facilitate further knowledge transfer.

9. GENERAL INFORMATION:

Name of Person Completing Report:	Nhi Tran/Toan Pham		
Phone Number:	619-692-5713/619-338-2601	Mail Stop:	P502L/W403
Email:	Nhi.Tran@sdcounty.ca.gov/Toan.Pham@sdcounty.ca.gov		

Volunteer Coordinator:	Cyndy Trinh-Keo		
Phone Number:	619-692-8078	Mail Stop:	P502L
Email:	Cyndy.Trinh-Keo@sdcounty.ca.gov		

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE