



COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2020 - JUNE 30, 2021
Deadline: July 16, 2021

1. DEPARTMENT INFORMATION:

Department:	HHSA-BHS
Division/Unit:	SDCPH Social Work Department

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Volunteers:1	Hours: 1040	x \$33.61	= \$34,954.40
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Types of work performed by GENERAL VOLUNTEERS in this category:
Case management, discharge planning, crisis intervention, and treatment planning.

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

No. of Volunteers:	Hours:0	x \$33.61	= \$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: 0 Total Value: = \$0

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	1040	_____
2b.	_____	_____	_____
2c.	_____	_____	_____
Total Volunteers	1	Total Hours	1040
		Total Value	\$34,954.40



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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

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: 52	x	Rate: 47.18	=	\$2,453.36
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- 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: 2	x	Rate: 47.18	=	\$1,415.40
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- 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)

\$3,868.76

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$34,954.40
b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 0
c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) \$3,868.76

TOTAL PROGRAM BENEFIT

\$31,085.64

6. RECRUITING:

Please describe your recruiting programs:

Volunteers/ interns are referred by California State University, San Marcos Masters of Social Work program and are interviewed by the SDCPH social work department Program Manager, prior to beginning.

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:

Successful completion of hours by interns who are therefore able to graduate with an MSW.



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8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2020-21:

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

The social work department goals at SDCPH include assessing all patients that are seen in the Crisis Recovery Unit and Crisis Stabilization Unit of the hospital and identifying collateral/ support contacts, developing treatment goals, collaborating with multi-disciplinary teams, and identifying discharge planning needs to discharge patients safely into the community or identify level of care options.

9. GENERAL INFORMATION:

Name of Person Completing Report:	Araceli Ramos, LCSW		
Phone Number:	619-692-8275	Mail Stop:	P-531
Email:	Araceli.Ramos@sdcounty.ca.gov		

Volunteer Coordinator:	Ben Parmentier		
Phone Number:	619-957-3722	Mail Stop:	P-531
Email:	Benjamin.parmentier@sdcounty.ca.gov		

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE