

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

Deadline: July 16, 2021

1. DEPARTMENT INFORMATION:

Department: Health and Human Services Agency

Division/Unit: Medical Care Services Division

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol. 5 Hours	150 X	\$33.61 =	\$5,041.50
---------------------	-------	-----------	------------

Types of work performed by GENERAL VOLUNTEERS in this category:

Prepared safety and learning kits for families. Led and developed virtual presentation for home visiting families complete with resource guide. Collaborated with community partners (Library, ADAPT). Coordinated the delivery of updated San Diego Breastfeeding Coalition resource guides to the regional public health centers.

Photography at events and home visits with the Public Health Nurses and their families. Proofs and puts on discs for the nurses to give to their clients. Helps arrange food from the food banks for food insecure families. General office volunteer organizes files, copies, scans. Support of NFP and MCH programs including inventory organization.

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

No. of Vol.	Hours	X	\$33.61 =	\$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	$\underline{\text{VCL}} =$	Dollar Benefit
Fellow, Emergen	cy Medical		208		\$88.21	\$18,347.68
		_				\$0.00
		<u>_</u>				\$0.00
						\$0.00
		<u> </u>				\$0.00
No. of Vol.	1	Total Hours	208		Total Value =	\$18,347.68

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):

No. of V	Volunteers Volunteers	<u>Hours</u>	Dollar Benefit
2a	5	150	\$5,041.50
2b	0	0	\$0.00
2c.	1_	208	\$18,347.68
	Total		m22 200 10
Total Vol.	6 Hours	358 Total Value =	\$23,389.18

3. DONATIONS TO VOLUNTEER PROGRAM:

4.

4.

<u>tangible/intangible</u> items. Items such as computers, fair market value to each and add to the total value	-	s, etc. Please assign a
		Φ750.00
Item Donated: Gently Hugged Bags of Clothing	Value:	\$750.00
Item Donated:	Value:	
Item Donated: Item Donated:	Value: Value:	
Item Donated:	Value:	
item Donated.	value.	
TOTAL	VALUE =	\$750.00
VOLUNTEER PROGRAM COSTS: a. Cost of supervision of volunteeers (total hours o staff person (s) directly supervising program volunt	1 1	by the hourly rate of
Hours 52 X Rate \$120).00 =	\$6,240.00
b. Cost of program coordination (total hours of procoordinator(s)). This section should include coordination, volunteer placement, recognition, etc.)	nation of staff, compiling statis	
Hours X Rate	=	\$0.00
c. Other program costs (volunteer training material	s/supplies, recognition costs, e	etc.):
<u>Item</u>		Cost
		
TOTAL OF OTHER PROGRAM COSTS	=	\$0.00
VOLUNTEER PROGRAM COSTS:		
	£ 1:	1411146
a. Cost of supervision of volunteeers (total hours o staff person (s) <u>directly supervising program volunt</u>		by the nourly rate of
Hours 5 X Rate \$52	00 =	\$260.00
Hours 5 X Rate \$52	-	\$200.00

Please list all donations to the department's Volunteer program including monetary donations and

b. Cost of program coordination (total hours of program co- coordinator(s)). This section should include coordination of preparation, volunteer placement, recognition, etc.)		•
Hours 3 X Rate \$52.00	=	\$156.00
c. Other program costs (volunteer training materials/suppli	es, rec	ognition costs, etc.):
<u>Item</u>		Cost
TOTAL OF OTHER PROGRAM COSTS	=	\$0.00
VOLUNTEER PROGRAM COSTS: a. Cost of supervision of volunteeers (total hours of direct staff person (s) <u>directly supervising program volunteers.</u>)	superv	ision multiplied by the hourly rate of
Hours 8 X Rate \$40.58	=	\$324.64
b. Cost of program coordination (total hours of program co- coordinator(s)). This section should include coordination of preparation, volunteer placement, recognition, etc.)		±
Hours 3 X Rate \$27.56	=	\$82.68
c. Other program costs (volunteer training materials/suppli	es, rec	ognition costs, etc.):
<u>Item</u>		Cost
TOTAL OF OTHER PROGRAM COSTS	=	\$0.00
d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	\$7,063.32

4.

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)

b. Total of Donations to Volunteer Program, Item 3 (Page 2)

c. Subtract Total of Program Costs, Item 4d (Page 3)

\$23,389.18

\$750.00

\$750.00

TOTAL PROGRAM BENEFIT

\$17,075.86

6. RECRUITING:

Please describe your recruiting programs:

N/A

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:

Virtual presentation to include methods and modeling of time management for pregnant and parenting families. Sharing activites to promote child development and bonding of the family unit. Linking families to community resources including how to access libraries and mental health professionals. Coordinating the delivery of educational support items to promote the physical development of the infant/toddler.

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:						
	Create Ages and Stages Ques	tionnaire (developmental)	kit for delieve	ry to families to promote the		
	physical and social-emotional	l developm	ent of the 0-2 ag	ged child. Deve	lop, provide and lead virtual		
	or in person presentations on	topics of p	oublic health sig	gnificance.			
9.	GENERAL INFORMATION	\ :					
	Name of person completing rep	ort:	Grace Choe				
	(10.257.0170	Mail Stop:	S-555	E-Mail:	grace.choe@sdcounty.ca.gov		
	Volunteer Coordinator:	1		_			
	-	Mail Stop:		E-Mail:			
	i none.	Man Stop.		_ L-1 V1 a11.			
10.	DEPARTMENT CERTIFICA	ATION:					
	Fin C. Mw anall			7/6/20	21		
	DEPARTMENT HEAD SIGNATURE						