



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

**1. DEPARTMENT INFORMATION:**

Department: Health & Human Services Agency  
Division/Unit: PHS / Epidemiology & Immunizations Services Branch

**2. VOLUNTEER PROGRAM BENEFITS:**

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

|             |         |     |   |         |   |            |
|-------------|---------|-----|---|---------|---|------------|
| No. of Vol. | 2 Hours | 135 | X | \$33.61 | = | \$4,537.35 |
|-------------|---------|-----|---|---------|---|------------|

Types of work performed by GENERAL VOLUNTEERS in this category:

- Hepatitis C Virus (HCV) workflow process; interpreting lab results and case closures.
- Uploading documents to the Electronic Filing Cabinet (EFC) in WebCMR system relating to existing cases of Novel Coronavirus
- Assisted in meeting the deadline for CDPH State closures for HCV 2020 cases
- Performed quality assurance for HCV 2020 Cases
- Performed closures on outstanding 2020 Cases
- Verified the received CDPH Line Lists based on Novel Coronavirus incidents that were existing/registered in WebCMR system

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 | <u>VCL</u> | = | <u>Dollar Benefit</u> |
|--|--------------|---|------------|---|-----------------------|
|  |              |   |            |   | \$0.00                |
|  |              |   |            |   | \$0.00                |
|  |              |   |            |   | \$0.00                |
|  |              |   |            |   | \$0.00                |
|  |              |   |            |   | \$0.00                |
| No. of Vol.      Total Hours      0      Total Value = |              |   |            |   | \$0.00                |

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.      2                       | 135          | \$4,537.35                    |
| 2b.      0                       | 0            | \$0.00                        |
| 2c.      0                       | 0            | \$0.00                        |
| Total Vol.      2 Hours      135 |              | Total Value =      \$4,537.35 |

### 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 | 6 | X | Rate | \$57.95 | = | \$347.70 |
|-------|---|---|------|---------|---|----------|

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 | 3 | X | Rate | \$57.95 | = | \$173.85 |
|-------|---|---|------|---------|---|----------|

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

| <u>Item</u>  | <u>Cost</u> |
|--|-------------|
| Desktop Services for 2 vol. (\$60.41/month x 8 months) | \$483.28    |
| LAN Access for 2 vol. (\$64.04/month x 8 months)       | \$522.72    |
| Email Services for 2 vol. (\$5.24/month x 8 months)    | \$41.92     |
|  |             |
|  |             |

|                              |   |            |
|------------------------------|---|------------|
| TOTAL OF OTHER PROGRAM COSTS | = | \$1,047.92 |
|------------------------------|---|------------|

|  |   |            |
|--|---|------------|
| d. TOTAL OF VOLUNTEER PROGRAM COST<br>(add 4a, 4b, and 4c) | = | \$1,569.47 |
|--|---|------------|

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

|   |            |
|---|------------|
| a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)    | \$4,537.35 |
| b. Total of Donations to Volunteer Program, Item 3 (Page 2) | \$0.00     |
| c. Subtract Total of Program Costs, Item 4d (Page 3)        | \$1,569.47 |

|                       |            |
|-----------------------|------------|
| TOTAL PROGRAM BENEFIT | \$2,967.88 |
|-----------------------|------------|

**6. RECRUITING:**

Please describe your recruiting programs:

We work closely with local colleges and universities to seek out student volunteers or assist when requested to place volunteers. We have existing networks of intern placement points of contact at selected colleges and universities.

**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:

EISB volunteers helped the Epidemiology Unit meet the CDPH deadline for HCV case closures.

**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:

Our general goals are to onboard a few interns each year to assist us in surge disease reporting processing, quality assurance and surveillance projects.

**9. GENERAL INFORMATION:**

|                                   |                        |         |   |
|-----------------------------------|------------------------|---------|---|
| Name of person completing report: | <u>Nick Beatman</u>    |         |   |
| Phone: <u>(619) 987-2502</u>      | Mail Stop: <u>P573</u> | E-Mail: | <u><a href="mailto:Nicholas.Beatman@sdcounty.ca.gov">Nicholas.Beatman@sdcounty.ca.gov</a></u> |
| Volunteer Coordinator:            | <u>Caroline Mosher</u> |         |   |
| Phone: <u>619-542-4174</u>        | Mail Stop: <u>P578</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

JUL 1 2 2021  
DATE

WILMA J. WOOTEN, MD, MPH  
Public Health Officer