

2.

COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM PERIOD JULY 1, 2021 - JUNE 30, 2022

Deadline: July 15, 2022

1	DEDA	RTMENT	INICODA	AATION
4.	DEFA	WILLASELA	HILLOWI	MALION

o e par time inti	Behavioral Health Services	
Division/Unit:	Adult Case Management – North Central	
. GENERAL VOL	DGRAM BENEFITS: LUNTEERS (this section should include community volunteer, stude	ent
	s, corporations, etc.)	
No. of Volunteers	s:1 Hours: 200 x \$35.56 = \$7,112	
hillable docume	entation, acted as the navee for clients, and participated in	n-
administrative to	entation, acted as the payee for clients, and participated in tasks as necessary (sorting mail, transferring and closing charts). AL VOLUNTEERS (this section should include honor camp inmates, AIN, etc.)	

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,



Deadline: July 15, 2022

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 N/A		Hours	x VCL	= (Dollar Benefit
No. of Volunteers:	Total Hours:		Total Value:		
Types of work perfo	ormed by SPECIALIZED	VOLUNTEE	RS in this cate	gory: N/A	
d. TOTALS OF DEP	ARTMENT VOLUNTEER	RS (from abo	ove):		
2a. 2b. 2c.	No. of Volunteers 1		Hours 200		Dollar Benefit 7,112
Total Volunteers	1	Total Hours	200	Total Value	\$7,112

3. DONATIONS TO VOLUNTEER PROGRAM:



Deadline: July 15, 2022

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.

lten	n Donated:		Value: Value:						
	n Donated:		Value:						
	n Donated:		Value:	****					
iten	n Donated:		Value:						
		Te	otal Value:	\$0					
.	VOLUNTEER PRO	OGRAM COSTS:							
	Hours:200	x Rate:28.41	III. V	\$5,682					
	coordinator(s	m coordination (total hours o)). This section should include eparation, volunteer placeme	coordination (of staff, compiling statistics, job					
	Hours:	x Rate:		\$0					
	c. Other program	n costs (volunteer training ma		s, recognition costs, etc.): ost					
	N/A		_						
			<u>-</u>						
			4.74						
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Deadline: July 15, 2022

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

\$5,682

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$7,112
b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$0
c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) \$5,682

TOTAL PROGRAM BENEFIT

\$1,430

6. RECRUITING:

Please describe your recruiting programs:

Management receives emails from staff asking for interest in accepting interns. These contain resumes for interns who are looking for certain practicum sites. The management then responds with interest if they have space and supervision capacity to take on an intern, coordinate an interview and begin selection process.

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:

The program participated in an Employee Appreciation event and held an annual evacuation drill as well as beginning work on active shooter protocols and trainings and establishment of an active shooter protocol committee.



Deadline: July 15, 2022

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2021 -22:

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

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9.	GENERAL	INFORM	IATION:	_			
	of Person C			Irene Dominguez			
	e Number:	619-692				Mail Stop:	P-547
Email:	: Irene.c	domingue	z@sdcoun	ty.ca.gov			
Volun	teer Coordi	nator:	Ben Parm	 nentier			
Phone	e Number:	619-95	7-3722			Mail Stop:	P-531
Email:	: Benjar	nin.parm	entier@sdo	county.ca.gov		-1	
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