



COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2024 - JUNE 30, 2025
Deadline: August 8, 2025

1. DEPARTMENT INFORMATION:

Department:	San Diego County Fire
Division/Unit:	Emergency Medical Services (EMS) Office

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Volunteers: 2 Hours: 400 x \$40.14 = \$16,056

Types of work performed by GENERAL VOLUNTEERS in this category:

- Create materials, arrange training for projects within the Emergency Medical Services (EMS) Office
- Assist Medical Director with special projects

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

No. of Volunteers: Hours: x \$40.14 = \$



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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.)

Position	Hours	x	VCL	=	Dollar Benefit

No. of Volunteers: Total Hours: Total Value: = \$

Types of work performed by SPECIALIZED VOLUNTEERS in this category:



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d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a.	2	400	16,056
2b.			
2c.			
Total Volunteers	2	Total Hours 400	Total Value \$16,056

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: 50 x Rate: \$59.25 = \$2963

- 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: x Rate: \$40.14 = \$



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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	\$2963

d. **TOTAL OF VOLUNTEER PROGRAM COST**
(Sum of 4a, 4b and 4c) **\$2963**

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

- | | |
|--|----------|
| a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) | \$16,056 |
| b. Total of Donations to Volunteer Program, Item 3 (Page 2) | \$0 |
| c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) | \$2,963 |

TOTAL PROGRAM BENEFIT **\$13,093**

6. RECRUITING:

Please describe your recruiting programs:

Volunteers are usually recommended by EMS professionals in the County so no recruitment is done.



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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:

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2024 -25:

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



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9. GENERAL INFORMATION:

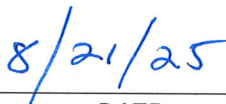
Name of Person Completing Report:	Tareq Haidari		
Phone Number:	(619) 818-8158	Mail Stop:	O302
Email:	Tareq.Haidari@sdcounty.ca.gov		

Volunteer Coordinator:	Toni-Ann Nodalo		
Phone Number:	619-717-1562	Mail Stop:	O302
Email:	toni-ann.nodalo@sdcounty.ca.gov		

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE



DATE