



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2025 - JUNE 30, 2026
Deadline: August 17, 2026**

1. DEPARTMENT INFORMATION:

Department: HHSA-Behavioral Health Sciences

Division/Unit: Juvenile Forensic Services (JFS) Next Move

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1	Hours	840	X	\$41.75	=	\$35,070.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

Student trainees assist and support the Next Move licensed mental health clinicians with their clinical caseloads by providing check-ins to clients, individual therapy, case management services, co-facilitating groups, and maintaining proper documentation for services they provide.

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

No. of Vol.	0	Hours		X	\$41.75	=	\$0.00
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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

<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.	0	Total Hours	0	Total Value =	\$0.00
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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.	<u>1</u>	<u>840</u>	<u>\$35,070.00</u>		
2b.	<u>0</u>	<u>0</u>	<u>\$0.00</u>		
2c.	<u>0</u>	<u>0</u>	<u>\$0.00</u>		
Total Vol.	1	Hours	840	Total Value =	\$35,070.00

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:	N/A	Value:	
Item Donated:		Value:	
Item Donated:		Value:	
Item Donated:		Value:	
Item Donated:		Value:	

TOTAL VALUE =	\$0.00
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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	112	X	Rate	\$41.75	=	\$4,676.00
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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	112	X	Rate	\$41.75	=	\$4,676.00
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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	=	\$0.00
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d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	\$9,352.00
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$35,070.00</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$9,352.00</u>

TOTAL PROGRAM BENEFIT

\$25,718.00

6. RECRUITING:

Please describe your recruiting programs:

Recruiting for BHS is primarily achieved through MOA partnerships with local universities who offer Masters or Doctoral level degrees in Counseling, Counseling Psychology, Social Work and Psychology. BHS coordinates placement of students at BHS administration, County operated clinics, juvenile forensics, adult case management and San Diego County Psychiatric Hospital. BHS also attends an internship recruitment event once a year at the Agency Fair held at SDSU for all social worker students from various Universities. We also welcome volunteers who have expressed interest through the County of San Diego's Volunteer Opportunities Program

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 2025-26:

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

It is to be determined if Next Move will continue to have interns this upcoming fiscal year. If so, our intern volunteers will be provided with at least one hour per week of one-on-one supervision, and two hours per week of group supervision. They would also be given the opportunity to attend most of the other trainings our staff attend on a regular basis.

9. GENERAL INFORMATION:

Name of person completing report:	Kenia Urrutia		
Phone: 858-285-8646	Mail Stop: S-510	E-Mail:	Kenia.urrutia@sdcounty.gov
Volunteer Coordinator:	Shadeh Rassoulkhani		
Phone: 858-415-0740	Mail Stop: P-531	E-Mail:	shadeha.rassoulkhani@sdcounty.gov



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2025 - JUNE 30, 2026
Deadline: August 17, 2026**

1. DEPARTMENT INFORMATION:

Department: BHS
Division/Unit: North Central Behavioral Health Center

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	4 Hours	1718.4	X	\$41.75	=	\$71,743.20
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Types of work performed by GENERAL VOLUNTEERS in this category:

General client services such as 1:1 and group therapy, case management, assessments and crisis intervention. Documentation, participation in meetings and trainings, and some macro projects or special projects are included in this work performed.

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

No. of Vol.	0 Hours		X	\$41.75	=	\$0.00
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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

<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.	0	Total Hours	0	Total Value =	\$0.00
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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.	4	1718.4	\$71,743.20
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	4	Hours	1,718	Total Value =	\$71,743.20
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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:	N/A	Value:	
Item Donated:		Value:	
Item Donated:		Value:	
Item Donated:		Value:	
Item Donated:		Value:	

TOTAL VALUE =	\$0.00
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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	136	X	Rate	\$57.84	=	\$7,866.24
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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	400	X	Rate	\$57.84	=	\$23,136.00
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
Only general office supplies used	

TOTAL OF OTHER PROGRAM COSTS	=	\$0.00
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d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	\$31,002.24
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$71,743.20</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$31,002.24</u>

TOTAL PROGRAM BENEFIT

\$40,740.96

6. RECRUITING:

Please describe your recruiting programs:

Recruitment is completed through the BHS workforce inbox and the annual SDSU, CSUSM and PLNU Agency fair

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 2025-26:

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

Number of placements and activities are reassessed quarterly based on the availability of clinical supervisors

9. GENERAL INFORMATION:

Name of person completing report:	Leslie Thayer, PhD		
Phone: <u>619-542-4953</u>	Mail Stop: <u>P542</u>	E-Mail:	<u>Leslie.Thayer@sdcounty</u>
Volunteer Coordinator:	<u>Shadeh Rassoulkhani</u>		
Phone: <u>858-415-0740</u>	Mail Stop: <u>P531</u>	E-Mail:	<u>shadeha.rassoulkhani@</u>



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2025 - JUNE 30, 2026
Deadline: August 17, 2026**

1. DEPARTMENT INFORMATION:

Department: 45281

Division/Unit: **A5940 -SDCPH**

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	2	Hours	696	X	\$41.75	=	\$29,058.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

Cristina: Garza - Was a Second year MSW student who was completing her field placement hours within the Social Work Department of San Diego Psychiatric Hospital Daniel - Worked on a senior project outlining roles and responsibilities in a Senior Project.

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

No. of Vol.		Hours		X	\$41.75	=	\$0.00
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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

<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
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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	696	\$29,058.00
2b.	0	0	\$0.00
2c.	0	0	\$0.00
Total Vol.		2 Hours	696 Total Value = \$29,058.00

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
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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	696	X	Rate	\$59.63	=	\$41,502.48
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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	15	X	Rate	\$66.11	=	\$991.65
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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	\$0.00

d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	\$42,494.13
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$29,058.00</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$42,494.13</u>

TOTAL PROGRAM BENEFIT

-\$13,436.13

6. RECRUITING:

Please describe your recruiting programs:

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:

9. GENERAL INFORMATION:

Name of person completing report:	<u>Ryan Behr</u>		
Phone: <u>619-692-8320</u>	Mail Stop: <u>P-533</u>	E-Mail:	<u>Ryan.Behr@sdcounty.ca</u>
Volunteer Coordinator:	<u></u>		
Phone: <u>858-415-0740</u>	Mail Stop: <u>P-531</u>	E-Mail:	<u>shadeha.rassoulkhani@</u>



COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2025 - JUNE 30, 2026
Deadline: August 17, 2026

1. DEPARTMENT INFORMATION:

Department: BHS
Division/Unit: Data Science

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1	Hours	60	X	\$41.75	=	\$2,505.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

Attended meetings and job shadowing

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

No. of Vol.		Hours		X	\$41.75	=	\$0.00
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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

<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
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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.	1	60	\$2,505.00
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	1	Hours	60	Total Value =	\$2,505.00
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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 =	\$0.00
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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	22	X	Rate	\$56.68	=	\$1,246.96
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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	5	X	Rate	\$39.98	=	\$199.90
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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	=	\$0.00
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d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	\$1,446.86
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$2,505.00</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$1,446.86</u>

TOTAL PROGRAM BENEFIT

\$1,058.14

6. RECRUITING:

Please describe your recruiting programs:

Recruitment for the non-clinical internship program was completed through the Live Well Center for Innovation and Leadership.

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 2025-26:

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

BHS did not participate in cohort 2 of the Live Well Center for Innovation and Leadership non-clinical internship pilot

9. GENERAL INFORMATION:

Name of person completing report:	Robert Bechtol		
Phone: <u>619-559-1160</u>	Mail Stop: <u>P 531</u>	E-Mail:	<u>Robert.bechtoll@sdcount</u>
Volunteer Coordinator:	<u>Shadeh Rassoulkhani</u>		
Phone: <u>858-415-0740</u>	Mail Stop: <u>P531</u>	E-Mail:	<u>shadeha.rassoulkhani@</u>



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2025 - JUNE 30, 2026
Deadline: August 17, 2026**

1. DEPARTMENT INFORMATION:

Department: Behavioral Health Services
Division/Unit: Mental Health Admin

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1	Hours	233	X	\$41.75	=	\$9,727.75
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Types of work performed by GENERAL VOLUNTEERS in this category:

Conduct literature reviews and data analysis projects to support BHS Epidemiology team data requests and annual reporting. Provide data support to permanent staff and format reports and presentations for permanent staff.

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

No. of Vol.		Hours		X	\$41.75	=	\$0.00
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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

<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
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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.	1	233	\$9,727.75
2b.	0	0	\$0.00
2c.	0	0	\$0.00

Total Vol.	1	Hours	233	Total Value =	\$9,727.75
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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 =	\$0.00
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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	86	X	Rate	\$53.78	=	\$4,625.08
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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	20	X	Rate	\$54.01	=	\$1,080.20
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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	=	\$0.00
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d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	\$5,705.28
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$9,727.75</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$5,705.28</u>

TOTAL PROGRAM BENEFIT

\$4,022.47

6. RECRUITING:

Please describe your recruiting programs:

Candidate applied for placement through the BHS internship opportunities. Referred to appropriate team based on the internship type request.

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 2025-26:

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

Volunteer opportunities are assessed quarterly based on department availability to provide supervision or staffing needs.

9. GENERAL INFORMATION:

Name of person completing report:	Carol Manisouk		
Phone: <u>619-995-1596</u>	Mail Stop: <u>P531</u>	E-Mail:	<u>Carol.manisouk@sdcour</u>
Volunteer Coordinator:	<u>Shadeh Rassoulkhani</u>		
Phone: <u>858-415-0740</u>	Mail Stop: <u>P531</u>	E-Mail:	<u>shadeha.rassoulkhani@</u>



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2024 - JUNE 30, 2025
Deadline: August 17, 2026**

1. DEPARTMENT INFORMATION:

Department: Therapeutic Recreation

Division/Unit: BHS/ Edgemoor Hospital DPSNF

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	23	Hours	540	X	\$41.75	=	\$22,545.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

1 volunteer comes in weekly on Saturday & Sunday to assist with arts & crafts and bingo games, supervised by TR Supervisor. 1 volunteer a current county employee of Santee Library comes monthly to read to the residents for 30 minutes supervised b TR Supervisor. We have 21 religious visitors (1 priest) 9- they are not volunteers but volunteer time to provide church services and one to one religous room visits. We have one resident's mother that visits her daughter and lead a monthly sing a long for up to 1 hour a month- supervised by TR supervisor or /and TR staff.

No. of Vol.		Hours		X	\$41.75	=	\$0.00
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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

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					\$0.00
					\$0.00
					\$0.00
					\$0.00

No. of Vol.		Total Hours	0	Total Value =	\$0.00
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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.	23	540	\$22,545.00
2b.	0	0	\$0.00
2c.	0		\$0.00
Total Vol.	23	Hours 540	Total Value = \$22,545.00

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
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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	540	X	Rate	\$48.00	=	\$25,920.00
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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		X	Rate		=	\$0.00
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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	=	\$0.00
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d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	\$25,920.00
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$22,545.00</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$25,920.00</u>

TOTAL PROGRAM BENEFIT

-\$3,375.00

6. RECRUITING:

Please describe your recruiting programs:

Edgemoor does not recruit volunteers, previous volunteer coordinator retired. We have one volunteer we kept on with our department and have religious visitors that are not volunteers, they provide free church services and have to be supervised by our TR staff at all times.

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 volunteer that comes to read from Santee Library has helped the library to partner with Edgemoor to assist residents in getting library cards to be able to read and check out materials online.

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:

Goal is to keep the volunteers we currently have and the religious visitor program. No plans to recruit for more volunteers. Volunteer policy that was updated states department heads will determine if departments need volunteers and will supervise them due to not having a volunteer coordinator. I supervise only TR volunteers/religious visitors. No other department reported using volunteers.

9. GENERAL INFORMATION:

Name of person completing report:	Nancy Adams		
Phone: 619-454-9594	Mail Stop: 552	E-Mail:	nancy.adams@sdcounty.ca.gov
Volunteer Coordinator:	Shadeh Rassoulkhani		
Phone: 858-415-0740	Mail Stop: P-531	E-Mail:	shadeha.rassoulkhani@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:

Aurora Kiviat Digitally signed by Aurora Kiviat
Date: 2026.08.20 15:15:57 -07'00'

DEPARTMENT HEAD SIGNATURE

DATE