



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

1. DEPARTMENT INFORMATION:

Department: Medical Care Services
Division/Unit: 46406 MCS Admin, 46407 Nursing, and 46408 Pharmacy

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	4	Hours	115.5	X	\$41.75	=	\$4,822.13
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Types of work performed by GENERAL VOLUNTEERS in this category:

Shadowing Registered Nurses (RNs) during client visits and clinic operations

Creating condom sample bags for clinic distribution

Completing prerequisite learning modules to prepare for PHC expectations

Assisted with updating the education board for clients receiving services

Helped create the staff Kudos board

Supported front desk operations by answering phone calls and responding to questions about registration paperwork

Collected CHVP materials to prepare educational go-bags for PHNs to use during home visits

Labeled blood pressure cuffs for PHNs to check out

Organized donations from the Poverty Project into grab-and-go bags for PHNs to take to clients. PHS - ONE activities included: reformat and streamline Nursing Newsletter format and content for template; observe Nurses Week April 2026 activities; research VEBA activities for future team building activities; created CEU Certificates (continuing education unit) for Public Health Nurses.

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 below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
Physician (MD)	199		\$143.75		\$28,606.25
Physician (MD)	80.5		\$143.75		\$11,571.88
RNP	101		\$63.06		\$6,369.06
Pharmacist	84		\$78.68		\$6,609.12
					\$0.00

No. of Vol.	4	Total Hours	465	Total Value =	\$53,156.31
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Physicians and RNP:

Researching policies, medical literature, and clinical research

Creating slides for presentations

Attending meetings and conducting trainings

Reviewing written materials and communications

Attending listening sessions with clinical partners

Volunteer pharmacist:

Supports mobile pharmacy operations by conducting blood pressure and blood glucose screenings and administering vaccinations in community settings. Role responsibilities include providing patient education on health management while assisting county clinical pharmacists in mobile pharmacy operation.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	4	115.5	\$4,822.13
2b.	0	0	\$0.00
2c.	4	465	\$53,156.31

Total Vol.	8	Total Hours	580	Total Value =	\$57,978.43
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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:	Gently Hugged Bags	Value:	\$2,920.00
Item Donated:	Feminine hygiene pads	Value:	\$1,700.00
Item Donated:		Value:	
Item Donated:		Value:	
Item Donated:		Value:	

TOTAL VALUE =	\$4,620.00
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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	125.5	X	Rate	\$77.91	=	\$9,777.71
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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	12	X	Rate	\$41.75	=	\$501.00
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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)	=	\$10,278.71
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$57,978.43</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$4,620.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$10,278.71</u>

TOTAL PROGRAM BENEFIT

\$52,319.73

6. RECRUITING:

Please describe your recruiting programs:

The volunteer Pharmacist is a collaborating pharmacist from UCSD.

Nursing uses a website to recruit.

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:

N/A

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:
N/A

9. GENERAL INFORMATION:

Name of person completing report:	Angela Galba-Davis		
Phone:	619-538-2135	Mail Stop:	S-555
		E-Mail:	angela.galba-davis@sdcounty.ca.gov
Volunteer Coordinator:	Emily Nguyen		
Phone:	619-977-4969	Mail Stop:	S-555
		E-Mail:	emily.nguyen2@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:

Digitally signed by Jamie Beam Date: 2026.08.31 15:41:16 -07'00' Jamie Beam	
DEPARTMENT HEAD SIGNATURE	DATE