



**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2014 - JUNE 30, 2015  
Deadline: July 17, 2015**

COUNTY OF SAN DIEGO  
2015 AUG -5 AM 10:03  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT INFORMATION:**

Department: Health and Human Services Agency  
Division/Unit: North County Regions - North Inland Public Health

**2. VOLUNTEER PROGRAM BENEFITS:**

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

No. of Vol.	3	Hours	425	X	\$23.07	=	\$9,804.75
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Types of work performed by GENERAL VOLUNTEERS in this category:

Photography, obtain resources, office work, translation, editing reports and brochures, developing teaching aids, organization, packing, and data clean-up.

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

No. of Vol.		Hours		X	\$23.07	=	\$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>
PHN Manager	50		\$47.10		\$2,355.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
<b>No. of Vol.</b>	<b>1</b>	<b>Total Hours</b>	<b>50</b>	<b>Total Value =</b>	<b>\$2,355.00</b>

Types of work performed by SPECIALIZED VOLUNTEERS in this category:  
SIDS Program Manager for Maternal Child Health

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	3	425	\$9,804.75
2b.	0	0	\$0.00
2c.	1	50	\$2,355.00
<b>Total Vol.</b>	<b>4</b>	<b>Total Hours</b>	<b>475</b>
		<b>Total Value =</b>	<b>\$12,159.75</b>

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  X Rate  =

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  =

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

<u>Item</u>	<u>Cost</u>
TOTAL OF OTHER PROGRAM COSTS	<input type="text" value="\$0.00"/>

d. TOTAL OF VOLUNTEER PROGRAM COST =   
(add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<input type="text" value="\$12,159.75"/>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<input type="text" value="\$0.00"/>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<input type="text" value="\$446.60"/>

**TOTAL PROGRAM BENEFIT**

**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 2015-16:**

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

9. **GENERAL INFORMATION:**

Name of person completing report: Bea Moniz  
Phone: 760-740-3016 Mail Stop: N512 E-Mail: bea.moniz@sdcounty.ca.gov  
Volunteer Coordinator: Vicky Magsaysay  
Phone: 760-740-3034 Mail Stop: N465 E-Mail: vicky.magsaysay@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**

  
\_\_\_\_\_  
**DEPARTMENT HEAD SIGNATURE**                      8/4/15  
**DATE**  
CHUCK MATTHEWS, DIRECTOR, NORTH COUNTY REGIONS, HHSA