



**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2015 - JUNE 30, 2016  
Deadline: July 15, 2016**

COUNTY OF SAN DIEGO  
2016 JUL 22 AM 9:13  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT INFORMATION:**

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

**2. VOLUNTEER PROGRAM BENEFITS:**

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

No. of Vol.	2	Hours	150	X	\$23.56	=	\$3,534.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

**Photography at events, inventory, paperwork support, generate and analyze reports, teaching classes, preparing curriculum, organization of office**

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

No. of Vol.		Hours		X	\$23.56	=	\$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>
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00

<b>No. of Vol.</b>	<b>Total Hours</b>	<b>0</b>	<b>Total Value =</b>	<b>\$0.00</b>
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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	150	\$3,534.00
2b.	0	0	\$0.00
2c.	0	0	\$0.00
<b>Total Vol.</b>	<b>2</b>	<b>Hours 150</b>	<b>Total Value = \$3,534.00</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>
N/A	
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL OF OTHER PROGRAM COSTS</b>	<b>\$0.00</b>

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)	<u>\$3,534.00</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>\$172.00</u>

**TOTAL PROGRAM BENEFIT**

<b>\$3,362.00</b>
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**6. RECRUITING:**

Please describe your recruiting programs:

**When myself or others speak about the program people volunteer.**

**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:

**Photography at special events.**

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2016-17:**

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

**To have our volunteer continue to help with photo shoots. To have another one help with education support of our clients.**

**9. GENERAL INFORMATION:**

Name of person completing report:	<u>Bea Moniz</u>		
Phone: <u>760-740-3016</u>	Mail Stop: <u>N512</u>	E-Mail:	<u><a href="mailto:bea.moniz@sdcounty.ca.gov">bea.moniz@sdcounty.ca.gov</a></u>
Volunteer Coordinator:	<u>Vicky Magsaysay</u>		
Phone: <u>760-740-3034</u>	Mail Stop: <u>N465</u>	E-Mail:	<u><a href="mailto:vicky.magsaysay@sdcounty.ca.gov">vicky.magsaysay@sdcounty.ca.gov</a></u>

**10. DEPARTMENT CERTIFICATION:**



**DEPARTMENT HEAD SIGNATURE**

CHUCK MATTHEWS, DIRECTOR NORTH COUNTY REGIONS



**DATE**