



**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2019 - JUNE 30, 2020  
Deadline: July 17, 2020**

**1. DEPARTMENT INFORMATION:**

Department: Health and Human Services Agency  
Division/Unit: North County 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.	4 Hours	234	X	\$29.95	=	\$7,008.30
-------------	---------	-----	---	---------	---	------------

Types of work performed by GENERAL VOLUNTEERS in this category:

One volunteer does photography at socialization and retention events with the Public Health Nurses and their families enrolled in our mother/baby programs. He proofs and puts the photos on a disk for the nurse to make prints from or give to the client. He helps arrange food from the food banks to help our food insecure clients. Another volunteer helped organize our resources into a user friendly online sharepoint format. Another volunteer revised our breastfeeding education flip chart. Our last volunteer helps us with our Community Advisory Board meetings and our purchasing for the Nurse Family Partnership program.

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

No. of Vol.	Hours		X	\$29.95	=	\$0.00
-------------	-------	--	---	---------	---	--------

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>
CSUSM nursing instructors	3344		\$35.00		\$117,040.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
<b>No. of Vol.</b>	<b>2</b>	<b>Total Hours</b>	<b>3,344</b>	<b>Total Value =</b>	<b>\$117,040.00</b>

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

The CSUSM instructors are a resource for the community health rotation students who are home visiting with the Maternal Child Health program clients

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	4	234	\$7,008.30
2b.	0	0	\$0.00
2c.	2	3,344	\$117,040.00
<b>Total Vol.</b>	<b>6</b>	<b>Hours</b>	<b>3,578</b>
		<b>Total Value =</b>	<b>\$124,048.30</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: <u>Gently Hugged clothing bags</u>	Value: <u>\$700.00</u>
Item Donated: <u>Binkies</u>	Value: <u>\$360.00</u>
Item Donated: <u>Face coverings</u>	Value: <u>\$300.00</u>
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____

**TOTAL VALUE = \$1,360.00**

**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)	<u>\$124,048.30</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$1,360.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$2,993.28</u>

## TOTAL PROGRAM BENEFIT

\$122,415.02

### 6. RECRUITING:

Please describe your recruiting programs:

We do not have a formal recruiting process. Volunteers hear the value of our programs through presentations at community programs or through student presentations by San Diego County Public Health Staff and are motivated to sign up to help. Nursing students and new graduates sign up to help so they can list the experiences on their resumes.

### 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:

We nominated Gently Hugged for the volunteer of the year award and they were recognized for their contribution to helping North County San Diego residents thrive.

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2019-20:**

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

We will continue to support our families through providing food security resources, retention and socialization events for our maternal child health programs, and opportunities to recognize their achievement through graduation events .

**9. GENERAL INFORMATION:**

Name of person completing report: Deborah McIntosh  
Phone: 760-740-3012 Mail Stop: N-512 E-Mail: [deborah.mcintosh@sccc](mailto:deborah.mcintosh@sccc)  
Volunteer Coordinator: Christal Ames  
Phone: 760-740-3056 Mail Stop: N-465 E-Mail: [Christal.Ames@sdcounty.ca.gov](mailto:Christal.Ames@sdcounty.ca.gov)

**10. DEPARTMENT CERTIFICATION:**

  
DEPARTMENT HEAD SIGNATURE

7/2/2020  
DATE