

COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM PERIOD JULY 1, 2022 - JUNE 30, 2023

Deadline: July 21,2023

1. DEPARTMENT INFORMATION:

Department: Board Of Supervisor

Division/Unit: District 2 - Joel Anderson

2. VOLUNTEER PROGRAM BENEFITS:

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

Types of work performed by GENERAL VOLUNTEERS in this category:

Drafting correspondence and newsletter articles, legislative research, drafting support/opposition letters, compiling lists, attending community events.

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

No. of Vol.	Hours	X	\$37.32 =	\$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	$\underline{\text{VCL}}$	=	Dollar Benefit
						\$0.00
			_			\$0.00
						\$0.00
						\$0.00
			_			\$0.00
					_	
No. of Vol.	Total Hours	0		Total Valu	ıe =	\$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No	. of Volunteers	<u>Hours</u>	Dollar Benefit
2a.	178	13086.6	\$488,391.91
2b.	0	0	\$0.00
2c.	0	0	\$0.00
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Total `	Vol. 178 Hours	13,087 Total Value =	\$488,391.91

DONATIONS TO VOLUNTEER PROGRAM: 3.

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:	
	TOTAL VALUE =		\$0.00

VOLUNTEER PROGRAM COSTS: 4.

a. Cost of supervision of volunteeers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours	1040	X	Rate	\$28.85	=	\$30,004.00
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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	1040	X Rate	\$28.85	=	\$30,004.00
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
	\$1,200.00
Laptop	\$1,200.00

TOTAL OF OTHER PROGRAM COSTS

\$6,000.00

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

\$66,008.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)

\$488,391.91

b. Total of Donations to Volunteer Program, Item 3 (Page 2)

\$0.00

c. Subtract Total of Program Costs, Item 4d (Page 3)

\$66,008.00

TOTAL PROGRAM BENEFIT

\$422,383.93

6. RECRUITING:

Please describe your recruiting programs:

Handshake, job boards, speaking at high school and college courses, referrals from interns

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:

Michalla Cymrlein ar yr						
Name of person completing report: Phone: (619)860-9623 Mail Stop: E-Mail: michelle.surakhanova@	8.	Please describe your prograturation, recognition and of Recruit and train interns to number of volunteers. Recognition	m goals. Inclu her goals: assist with con	de activities, nu	mber of volunte	da research. No cap on
Michaella Complehanava	9.			Michelle Surak	khanova	
		((10)0(0,0(22)	Mail Stop:		E-Mail:	michelle.surakhanova@

E-Mail:

8/10/23 **DATE**

michelle.surakhanova@s

Phone: (619)860-9623 Mail Stop:

Roarke Shanley **DEPARTMENT HEAD SIGNATURE**

10. DEPARTMENT CERTIFICATION: