



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2022 - JUNE 30, 2023
Deadline: July 21,2023**

1. DEPARTMENT INFORMATION:

Department: Medical Care Services
 Division/Unit: North Inland, North Coastal, and North Central Public Health Center

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	1	Hours	3	X	\$37.32	=	\$111.96
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Types of work performed by GENERAL VOLUNTEERS in this category:

Photos of nurse Family Partnership Spring retention event

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:

N/A

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>
CSUSM Instructor	160		\$50.00		\$8,000.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00
_____	_____		_____		\$0.00

No. of Vol.	1	Total Hours	160	Total Value =	\$8,000.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:
 Community health rotation of students in school of nursing for Fall and Spring semesters

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	1	3	\$111.96
2b.	0	0	\$0.00
2c.	1	160	\$8,000.00

Total Vol.	2	Hours	163	Total Value =	\$8,111.96
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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: <u>Gently Hugged Clothing Bags</u>	Value: _____	\$2,040.00
Item Donated: <u>Food North County Feeding America</u>	Value: _____	\$500.00
Item Donated: <u>Karing Kwilts Binky Patrol</u>	Value: _____	\$470.00
Item Donated: _____	Value: _____	
Item Donated: _____	Value: _____	

TOTAL VALUE = \$3,010.00

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 163 X Rate \$67.88 = \$11,063.63

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 = \$0.00

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

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS = \$0.00

d. TOTAL OF VOLUNTEER PROGRAM COST = \$11,063.63
(add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$8,111.96</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$3,010.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$11,063.63</u>

TOTAL PROGRAM BENEFIT

\$58.33

6. RECRUITING:

Please describe your recruiting programs:

N/A

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:

Linking families to community resources for food insecurity, capturing photo images of home visiting families retention event, providing clothing and blankets for low income families through community resources

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2022-23:

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:	<u>Deborah McIntosh</u>		
Phone: <u>760-421-6229</u>	Mail Stop: <u>N-512</u>	E-Mail:	<u>deborah.mcintosh@sdcounty.ca.gov</u>
Volunteer Coordinator:	<u>Tamara Murphy</u>		
Phone: <u>619-820-1802</u>	Mail Stop: <u>S-555</u>	E-Mail:	<u>tamara.murphy@sdcounty.ca.gov</u>

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE