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

1.   DEPARTMENT INFORMATION:

Department:	Office of Emergency Services
Division/Unit:	Emergency Medical Services

2.   VOLUNTEER PROGRAM BENEFITS:

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

No. of Volunteers: Hours: x $37.32   = $

Types of work performed by GENERAL VOLUNTEERS in this category:

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

No. of Volunteers: Hours: x $37.32   = $

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.)

Position	Hours	x	VCL	=	Dollar Benefit
EMS Fellow – UCSD MD	50		100		$5,000

No. of Volunteers:	Total Hours:	Total Value:	= $

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Advise to the EMS Medical Director/Office on clincial protocols.
Policy, plan and other document review.
Medical/clinical presentations to the EMS community

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a.			
2b.			
2c.	1	50	$5,000

Total Volunteers		Total Hours		Total Value	$5,000

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: $

4.   VOLUNTEER PROGRAM COSTS:

   a.   Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) <u>directly supervising</u> program volunteers.

Hours: x   Rate: = $

   b.   Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours: 4   x   Rate: $60   = $240

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

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

TOTAL OF OTHER PROGRAM COSTS $

    d. **TOTAL OF VOLUNTEER PROGRAM COST**
       (Sum of 4a, 4b and 4c)

$240

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

    a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) $5,000
    b. Total of Donations to Volunteer Program, Item 3 (Page 2) $
    c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) $240

                                TOTAL PROGRAM BENEFIT $4,760

6.   **RECRUITING:**

Please describe your recruiting programs:

The County EMS Office has historically worked closely with the UCSD Medical School's EMS Fellowship program for many years, and we welcome the contributions of these cutting-edge physicians

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 2022 -23:

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

9.   GENERAL INFORMATION:

Name of Person Completing Report:	Brian Christison		
Phone Number: 619-507-7627		Mail Stop:	O302
Email: Brian.christison@sdcounty.ca.gov			

Volunteer Coordinator:	Toni-Ann Nodalo		
Phone Number: 619-717-1562		Mail Stop:	O-302
Email: Toni-ann.nodalo@sdcounty.ca.gov			

10.   DEPARTMENT CERTIFICATION:

	7/18/23
DEPARTMENT HEAD SIGNATURE	DATE