

COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM PERIOD JULY 1, 2023 - JUNE 30, 2024

Deadline: August 7,2024

1. DEPARTMENT INFORMATION:

Department: Medical Care Services

Division/Unit: Outreach and Education

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol. 4 Hours 1173.5 X \$38.61 = \$45,308.84

Types of work performed by GENERAL VOLUNTEERS in this category:

Data entry

Data cleaning

Data analysis

Creating slides for presentations

Drafting newsletters and e-blasts

Attending meetings and trainings

Making calls to healtcare practices

UAT Testing for database

Reviewing written materials such as abstracts, scripts, emails, newsletters

Listening sessions with clinical partners

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

No. of Vol.	Hours	X	=	\$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

<u>Position</u>		<u>Hours</u>	X	<u>VCL</u>	=	Dollar Benefit
	_		_		_	\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
			_			
No. of Vol.	Total Hours	0		Total Value	e = <mark>-</mark>	\$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category: $\ensuremath{\mathrm{N/A}}$

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

Total Vol.	4 Hours	1,174 Total Value =	\$45,308.84
2c.	0	0	\$0.00
2b.	0	0	\$0.00
2a.	4	1173.5	\$45,308.84
No. of Vo	<u>olunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>

3. DONATIONS TO VOLUNTEER PROGRAM:

4.

assign a fair market value to each and add	d to the total value of the	e donations	section.
Item Donated:		Value:	
		<u> </u>	
	TOTAL VALUE =		\$0.00
VOLUNTEER PROGRAM COSTS: a. Cost of supervision of volunteeers (tot rate of staff person (s) directly supervisin		vision multip	lied by the hourly
Hours 30 X Rate	\$33.62		\$1,008.60
b. Cost of program coordination (total hor of coordinator(s)). This section should indescription preparation, volunteer placement	clude coordination of sta	_	=
Hours 40 X Rate	\$33.62		\$1,344.80
c. Other program costs (volunteer training	ng materials/supplies, red	cognition cos	ets, etc.):
<u>Item</u>			<u>Cost</u>
		- <u> </u>	
TOTAL OF OTHER PROGRAM COS	STS =		\$0.00
d. TOTAL OF VOLUNTEER PROGRA (add 4a, 4b, and 4c)	M COST =		\$2,353.40

Please list all donations to the department's Volunteer program including monetary donations and <u>tangible/intangible</u> items. Items such as computers, air time, transportation, books, etc. Please

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

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

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

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

\$2,353.40

TOTAL PROGRAM BENEFIT

\$42,955.44

6. RECRUITING:

Please describe your recruiting programs:

Posted listing on university websites, interested students/candidates reach out to staff to submit resume/CV and are interviewed. Once approved, student volunteers go through onboarding process and are "hired" on.

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:

N/A

DEPARTN	MENT CERTIF	FICATION:			
		ELCATION			
Phone: <u>61</u>	9-820-1802	Mail Stop:	S-555	E-Mail:	tamara.murphy@s
Volunteer (Coordinator:	Tamara Mu			
Name of pe	L INFORMAT erson completing 9-977-4969		Emily Nguye S-555	n E-Mail:	emily.nguyen2@s

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