

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

Deadline: August 7,2024

1. DEPARTMI	NT IN	IFORM.	ATION:
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Department:	Planning & Development Services	
Division/Unit:	A6710	

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	Hours	X	\$38.61 =	\$0.00
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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 Vol.	Hours	X	\$38.61 =	\$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
Planning & Spo	onsor Groups		6,960.00		\$90.00	\$626,400.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
No. of Vol.	290	Total Hours	6,960		Total Value =	\$626,400.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category: Provide land use recommendations for privately and publicly initiated projects that affected communites and residents they represent.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Vol	<u>unteers</u>	<u>Hours</u>	Dollar Benefit
2a.	0	0	\$0.00
2b.	0	0	\$0.00
2c.	290	6,960	\$626,400.00
Total Vol.	290 Hours	6,960 Total Value =	\$626,400.00

3. DONATIONS TO VOLUNTEER PROGRAM:

4.

assign a fair market value to each and ac	dd to the total value of the	donations section.
Item Donated:		Value:
	TOTAL VALUE =	\$0.00
VOLUNTEER PROGRAM COSTS:		
a. Cost of supervision of volunteeers (to	otal hours of direct supervi	sion multiplied by the hourly
rate of staff person (s) <u>directly supervisi</u>	-	Stoll muniphed by the hourry
Tate of sain person (s) aneony supermise	ng program voidineers.	
Hours X Rat	e = =	\$0.00
b. Cost of program coordination (total hof coordinator(s)). This section should in description preparation, volunteer places	nclude coordination of staf ment, recognition, etc.)	ff, compiling statistics, job
Hours 1600 X Rate	\$73.62	\$117,792.00
c. Other program costs (volunteer training	ing materials/supplies, reco	ognition costs, etc.):
<u>Item</u>		<u>Cost</u>
Office Expense	S	\$30,206.70

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		_
		_
		_
TOTAL OF OTHER PROGRAM CO	OSTS =	\$30,206.70
d. TOTAL OF VOLUNTEER PROGRA (add 4a, 4b, and 4c)	AM COST =	\$147,998.70

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)

\$626,400.00

\$0.00

\$147,998.70

TOTAL PROGRAM BENEFIT

\$478,401.30

6. RECRUITING:

Please describe your recruiting programs:

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:

	GRAM GOALS FOR FISCAL program goals. Include activities		eers, recruitment,
training, recognition as		,	,
CENERAL INFORM	AATION•		
GENERAL INFORM Name of person complete	C 1 M	urray	
Name of person compl	leting report: Samuel M		Samuel.Murray@sdc
Name of person complete Phone: (619) 787-	leting report: Samuel M 5885 Mail Stop: 0-650	furray E-Mail:	Samuel.Murray@sdc nty.ca.gov
Name of person complete Phone: (619) 787-2 Volunteer Coordinator	leting report: Samuel M Samuel M Samuel M Sheryleen Dungao Sheryleen Dungao		nty.ca.gov Sheryleen.Dungao@
Name of person complete Phone: (619) 787-2 Volunteer Coordinator Phone: (619) 964-619	leting report: Samuel M Samuel M Samuel M Sheryleen Dungao Mail Stop: 0-650 Mail Stop: 0-650	E-Mail:	nty.ca.gov
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Name of person complete Phone: (619) 787-2 Volunteer Coordinator Phone: (619) 964-619 DEPARTMENT CEI	leting report: Samuel M Samuel M Samuel M Sheryleen Dungao Mail Stop: 0-650 Mail Stop: 0-650	E-Mail:	Sheryleen.Dungao@county.ca.gov
Name of person complete Phone: (619) 787-2 Volunteer Coordinator Phone: (619) 964-619 DEPARTMENT CEI	leting report: Samuel M 5885 Mail Stop: 0-650 Sheryleen Dungao Mail Stop: 0-650 RTIFICATION:	E-Mail:	Sheryleen.Dungao@county.ca.gov
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