COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2002 - JUNE 30, 2003

1. **DEPARTMENT/COURT INFORMATION:**

Department/Court: **Health and Human services Agency**

Division/Unit: Southeast Family resource Center

2. **VOLUNTEER PROGRAM BENEFITS:**

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

No. Vol.	**2**	**Hours**	**240**	**X**	**$16.54**	**=**	**$3,969.60**

Types of work performed by GENERAL VOLUNTEERS in this category:

Pre-Employment Trainingship - General Clerical Duties.

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

No. Vol.	**85**	**Hours**	**3190**	**X**	**$16.54**	**=**	**$52,762.60**

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

Work for benefits - General Clerical duties.

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
					$0.00
					$0.00

No. Vol.	**0**	**Total Hours**	**0**	**Total Value**	**$0.00**

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

N/A

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers	Hours	Dollar Benefit
2	240	$3,970
85	3190	$52,763
0	0	$0

TOTALS:	**87**	**Total Hours**	**3430**	**Total Value**	**$56,732.20**

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: N/A Value:

Item Donated: Value:

Item Donated: Value:

Item Donated: Value:

TOTAL VALUE = $0.00

4. **VOLUNTEER PROGRAM COSTS:**

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

Hours	3190	X	Rate	$15.31	**$54,292.90**
	120	X	Rate	$25.23	
	120	X	Rate	$20.22	

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 (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS = **$0.00**

d. TOTAL OF PROGRAM COST (4a+4b+4c) = **$54,292.90**

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a	Total Dollar Benefits of Volunteers, Item 2d	**$56,732.20**
b.	Total of Donations to Volunteer Program, Item 3	**$0.00**
c.	Subtract Total of program Costs, Item 4d	**$54,292.90**
	TOTAL PROGRAM BENEFIT:	**$2,439.30**

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:

Trained volunteers for experience and self -sufficiency.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2003-04:**

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

To maintain our high standards of training of all volunteers for experience and the pursuit for self-sufficiency.

9. **GENERAL INFORMATION:**

Name of person completing report: **Susan M. Sheehan**

Phone: (619) 266-3815 Mail Stop: W-69 E-Mail: Susan.Romero@sdcounty.ca.gov

Volunteer Coordinator: Susan M. Sheehan

Phone: (619) 266-3815 Mail Stop: W-69 E-Mail: Susan.Romero@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**

Joel Fields for Donna Harad 7/2/03

DEPARTMENT HEAD SIGNATURE DATE

Please return this report by Friday, July 18, 2003, to the Clerk of the Board Department: MS A-45; 1600 Pacific Highway # 402, San Diego, CA 92101; FAX (619) 685-2259.