COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2001 - JUNE 30, 2002

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
2002 JUL 16 PM 4:50
CLERK OF THE BOARD OF SUPERVISORS

1. **DEPARTMENT/COURT INFORMATION:**

Department/Court: District Attorney's Office

Division/Unit: Victim/Witness Assistance Program

2. **VOLUNTEER PROGRAM BENEFITS:**

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

No. Vol. 13	Hours 1054	x	$16.05	=	$ 16,916.70

Types of work performed by GENERAL VOLUNTEERS in this category:

Reviewing crime reports, data entry and general clerical duties.

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

No. Vol. _____	Hours _____	x	$ 16.05	=	_____

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
		x		=	$

No. Vol _____	Total Hours _____	Total Value $_____

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

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d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a:	13	1054	$ 16,916.70
2b:			$
2c:			$
TOTALS:	13	1054	$ 16,916.70

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
	$		$
	$		$

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) directly supervising program volunteers.

Hours 109 x Rate $ 15.82 = $ 1724.38

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 28 x Rate $ 22.10 = $ 618.80

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

Item	Cost

TOTAL OF OTHER PROGRAM COSTS = $_____

d. TOTAL OF VOLUNTEER PROGRAM COST = $ 2343.18
(add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) $ 16,916.70

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

ADD a + b $_____

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) ($ 2343.18)

TOTAL PROGRAM BENEFIT $ 14,573.52

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6. **RECRUITING:**

Please describe your recruiting programs:

UCSD Internship Program, SDSU Internship Program, RSVP, and United Way.

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:

Cheryl Forehand was named San Diego County Volunteer of the Year.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2002-03:**
Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Host a volunteer recognition luncheon.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Bob Hensley

Phone Number: (619) 531-4290 Mail Stop D445 E-Mail Bhensl@sdcds.org

Volunteer Coordinator: same

Phone Number: _____ Mail Stop _____ E-Mail _____

10. **DEPARTMENT CERTIFICATION:**

DEPARTMENT HEAD SIGNATURE

7/12/02
DATE