COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 1998 - JUNE 30, 1998

1. **DEPARTMENT/COURT INFORMATION:**

Department/Court: **Department of the Public Defender**

Division/Unit: South Bay - Clerical Unit

2. **VOLUNTEER PROGRAM BENEFITS:**

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

No. Vol	0	Hours	0	x	$13.74	=	$0.00

Types of work performed by GENERAL VOLUNTEERS in this category:

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

No. Vol.	5	Hours	1519	x	$13.74	=	$ 20,871.06

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

GAIN workers performed general clerical work including photocopying, filing, typing, and reception.

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	0	x	13.74	=	$0.00

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

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

_____ _____ _____ _____

d. **TOTALS OF DEPARTMENT VOLUNTEERS (from above):**

	No. of Volunteers	Hours	Dollar Benefit
2a:	0	0	$ 0.00
2b:	5	1519	$ 20,871.06
2c:	0	0	$
TOTALS:	**5**	**1519**	**$20,871.06**

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 $ 0.00

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.

GAIN Workers

Hours 262 x Rate $13.84 = $ 3,626.08

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 _____ x Rate $ _____ = $ 0.00

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

Item	Cost

TOTAL OF OTHER PROGRAM COSTS = $ 0.00

d. TOTAL OF VOLUNTEER PROGRAM COST = $3,626.08
(add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) $20,871.06

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

ADD a + b $20,871.06

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) ($3,626.08)

TOTAL PROGRAM BENEFIT $17,244.98

6. **RECRUITING:**

Please describe your recruiting programs:

CALL THE LOCAL SOCIAL SERVICES WORK PROGRAM OFFICE.

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 1998-99:**

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

Continue to train workers in the entry skills needed to obtain employment in the job market

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Louise A. Pichette

Phone Number: **498-2029** Mail Stop: **S229** E-Mail: **lpichepd@san-diego.ca.us.**

Volunteer Coordinator: ***Stanley Jones***

Phone Number **(619) 338-4835** Mail Stop: **C-277** E-Mail: **sjonespd@san-diego.ca.us.**

10. **DEPARTMENT CERTIFICATION:**

DEPARTMENT HEAD SIGNATURE

9.3.98
DATE