COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2005 - JUNE 30, 2006

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.	0	Hours	0	X	$18.04	=	$0.00

Types of work performed by GENERAL VOLUNTEERS in this category:
N/A

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

No. Vol.	88	Hours	6260.5	X	$18.04	=	$112,939.42

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

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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
0	0	$0
88	6260.5	$112,939
0	0	$0

TOTALS: 88 Total Hours 6261 Total Value $112,939.42

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 3130 X Rate $16.83 **$52,677.90**

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**

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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) = $52,677.90

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a	Total Dollar Benefits of Volunteers, Item 2d	$112,939.42
b.	Total of Donations to Volunteer Program, Item 3	$0.00
c.	Subtract Total of program Costs, Item 4d	$52,677.90
	TOTAL PROGRAM BENEFIT:	**$60,261.52**

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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:

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:**
Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

9. **GENERAL INFORMATION:**

Name of person completing report: Susan M. Sheehan

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

Volunteer Coordinator: Susan M. Sheehan

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

10. **DEPARTMENT CERTIFICATION:**

Patricia Lang HHSA III — 07/05/06

DEPARTMENT HEAD SIGNATURE — DATE

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