COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 1997 - JUNE 30, 1998

1. DEPARTMENT/COURT INFORMATION:

Department/Court: District Attorney

Division/Unit: Victim/Witness Assistance Program

2. VOLUNTEER PROGRAM BENEFITS:

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

No. Vol. 23 Hours 1386 x $ 13.74 = $ 19,043.64

Types of work performed by GENERAL VOLUNTEERS in this category Typing victim contact letters and reviewing crime reports.

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

No. Vol. ____ Hours ____ x $ ____ = $ ____

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		=	$
		x		=	$
		x		=	$
		x		=	$
		x		=	$

No. Vol ____ Total Hours ____ Total Value $ ____

Types of work performed by SPECIALIZED VOLUNTEERS in this category ____

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a:			$
2b:			$
2c:			$
TOTALS:			$

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 119 x Rate 914.61 = $ [illegible]738.59

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 _____ = $_____

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

Item	Cost

TOTAL OF OTHER PROGRAM COSTS = $_____

d. TOTAL OF VOLUNTEER PROGRAM COST = $ 1,738.59
(add 4a, 4b, and 4c)

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

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) $ 19,043.64

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) ($ 1,738.59)

TOTAL PROGRAM BENEFIT $ 17,305.05

6. **RECRUITING:**

Please describe your recruiting programs: United Way, schools, and community outreach.

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:

Activities will include victim follow-up calls and restitution assistance. We should see about a 30% increase in the number of volunteers because of additional positions.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Bob Hensley

Phone Number: (540) 531-4290 Mail Stop D445 E-Mail

Volunteer Coordinator: Bob Hensley and Marianne Gallagher

Phone Number: Mail Stop E-Mail

10. **DEPARTMENT CERTIFICATION:**

[signature] 8-21-98

DEPARTMENT HEAD SIGNATURE DATE

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