



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2019 - JUNE 30, 2020
Deadline: July 17, 2020**

1. DEPARTMENT INFORMATION:

Department: Medical Examiner

Division/Unit: Administration/Investigation/Exam Room/Toxicology

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	6	Hours	288.1	X	\$29.95	=	\$8,628.60
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Types of work performed by GENERAL VOLUNTEERS in this category:

Administration: Filing and special projects

Investigations: Assisting with John/Jane Doe cases, filing and special projects

Exam Room: Stocking supplies and special projects

Filing, cleaning glasswear and special projects.

Toxicology:

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

No. of Vol.		Hours		X	\$29.95	=	\$0.00
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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

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
Chaplain	976		\$22.10		\$21,569.60
Epidemiologist	382		\$36.08		\$13,782.56
Fingerprint Specialist	69.5		\$20.42		\$1,419.19
research	903.8		\$22.10		\$19,973.98
					\$0.00

No. of Vol.		Total Hours	2,331	Total Value =	\$56,745.33
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Chaplain: provides peer support internally and to families at death scenes. Family support facilitated for research

Epidemiologist: provides SIDS support and compiles statistical data.

Fingerprint specialist: provides support for the John/Jane Program.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	6	288.1	\$8,628.60
2b.	0	0	\$0.00
2c.	4	2,331	\$56,745.33

Total Vol.	10	Hours	2,619	Total Value =	\$65,373.93
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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:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____

TOTAL VALUE =	\$0.00
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4. VOLUNTEER PROGRAM COSTS:

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

Hours	50	X	Rate	\$61.46	=	\$3,073.00
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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	30	X	Rate	\$42.26	=	\$1,267.80
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS	=	\$0.00
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d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	\$4,340.80
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$65,373.93</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$4,340.80</u>

TOTAL PROGRAM BENEFIT

\$61,033.13

6. RECRUITING:

Please describe your recruiting programs:

COSD website; Medical Examiner website and contact with local colleges. All volunteers recruited are from specialized fields that benefit our department.

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 2019-20:

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

Continue to build a volunteer workforce to supplement our staffing level and provide customer service to our next of kin.

9. GENERAL INFORMATION:

Name of person completing report: Guadalupe Giraldo
Phone: 858-694-2894 Mail Stop: O-10 E-Mail: Guadalupe.Giraldo@sdcounty.ca.gov
Volunteer Coordinator: Guadalupe Giraldo
Phone: 858-694-2894 Mail Stop: O-10 E-Mail: Guadalupe.Giraldo@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:


DEPARTMENT HEAD SIGNATURE

7/15/2020
DATE

FY1920 Volunteers - General

Division	Name	Start Date	End Date	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan-2020	Feb-2020	Mar-2020	Apr-2020	May-2020	Jun-2020	Total Hours
ExRm	Truong, Tiffany	9/5/2018		0.0	0.0	9.0	5.3	6.5	1.8	1.8	8.3	0.0	0.0	0.0	0.0	31.9
Inv	Roberts, Emily	10/6/2018		14.0	19.0	15.8	34.3	18.9	9.3	6.5	24.0	0.0	0.0	0.0	0.0	141.7
Inv	Schnapp, Erika	10/26/2018		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
				14.0	19.0	24.8	39.6	25.4	11.1	7.5	32.3	0.0	0.0	0.0	0.0	173.6

FY1920 Volunteers - Specialized

Adm	Davis, Joe	11/10/2000		114.0	112.0	110.0	68.0	92.0	112.0	114.0	98.0	42.0	44.0	26.0	44.0	976.0
Path	Haas, Elisabeth	3/1/2012		32.0	44.0	44.0	45.0	29.0	55.0	28.0	35.5	24.5	25.0	12.0	8.0	382.0
Inv	Puterbaugh, PJ	2/27/2008		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
				146.0	156.0	154.0	113.0	121.0	167.0	142.0	133.5	66.5	44.0	38.0	52.0	1333.0
GRANT	Mulawka, Marzena	7/21/2017		56.0	13.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	69.5

FY1920 Volunteers - Resigned

Adm	Novak, Rachel	4/4/2019	7/27/2019	9.0												9.0
Adm	Silva, Christina	7/21/2017	1/2/2020	5.0	25.5	20.0	18.0	11.0	13.0							92.5
Inv	Wishart, Brian	1/10/2019	7/25/2019	13.0												13.0
GRANT	Brandsoy, Michael	12/14/2012	3/29/2020	109.3	119.5	90.0	133.5	95.0	87.5	121.0	84.0	64.0				903.8

Class Number: 005741
Class Title: Medical Examiner Invest I
Date Last Chg: 6/19/2020

/chaplain/research

Step Number	Percentage Between Steps	Hourly	BiWeekly	Annual Rate Top & Bottom
1	0.0	22.10	1768.00	45968.00
2	5.0	23.20	1856.00	48256.00
3	5.0	24.36	1948.80	50668.80
4	4.9	25.55	2044.00	53144.00
5	6.1	27.11	2168.80	56388.80
6	5.0	28.47	2277.60	59217.60
7	5.0	29.89	2391.20	62171.20
Enterprise Server Load to Web: 7/15/2020				

Class Number: 004172
Class Title: Epidemiologist I
Date Last Chg: 6/19/2020

Step Number	Percentage Between Steps	Hourly	BiWeekly	Annual Rate Top & Bottom
1	0.0	36.08	2886.40	75046.40
2	5.0	37.88	3030.40	78790.40
3	5.0	39.77	3181.60	82721.60
4	5.0	41.76	3340.80	86860.80
5	6.2	44.35	3548.00	92248.00
Enterprise Server Load to Web: 7/15/2020				

Class Number: 002801
Class Title: Sheriff's Fingerprint Examiner
Date Last Chg: 6/19/2020

Step Number	Percentage Between Steps	Hourly	BiWeekly	Annual Rate Top & Bottom
1	0.0	20.42	1633.60	42473.60
2	5.0	21.44	1715.20	44595.20
3	5.0	22.51	1800.80	46820.80
4	5.0	23.64	1891.20	49171.20
5	6.2	25.11	2008.80	52228.80
Enterprise Server Load to Web: 7/15/2020				

Class Number: 002368
 Class Title: Admin Services Mgr I
 Date Last Chg: 6/19/2020

Step Number	Percentage Between Steps	Hourly	BiWeekly	Annual Rate Top & Bottom
1	0.0	39.33	3146.40	81806.40
2	5.0	41.30	3304.00	85904.00
3	5.0	43.37	3469.60	90209.60
4	5.0	45.54	3643.20	94723.20
5	5.0	47.82	3825.60	99465.60
Enterprise Server Load to Web: 7/15/2020				

FY 18-19
 42.52

42.52
 43.73
 51.52
 41.43
 128.34

 307.29
 ÷ 5

 \$ 61.46 rate/total cost of supervision

Class Number: 005792
Class Title: Supv Medical Examiner Investgr
Date Last Chg: 6/19/2020

Step Number	Percentage Between Steps	Hourly	BiWeekly	Annual Rate Top & Bottom
1	0.0	36.70	2936.00	76336.00
2	5.0	38.53	3082.40	80142.40
3	5.0	40.46	3236.80	84156.80
4	5.0	42.48	3398.40	88358.40
5	5.0	44.60	3568.00	92768.00
Enterprise Server Load to Web: 7/15/2020				

FY 18-19

\$ 43.73

Class Number: 004306
Class Title: Toxicologist III
Date Last Chg: 6/19/2020

Step Number	Percentage Between Steps	Hourly	BiWeekly	Annual Rate Top & Bottom
1	0.0	43.58	3486.40	90646.40
2	5.0	45.76	3660.80	95180.80
3	5.0	48.05	3844.00	99944.00
4	5.0	50.45	4036.00	104936.00
5	6.2	53.58	4286.40	111446.40
Enterprise Server Load to Web: 7/15/2020				

FY 18-19 51.25

Class Number: 002328
Class Title: Departmental HR Officer
Date Last Chg: 6/19/2020

Salary	Minimum	Control Pt.	Maximum
hourly	31.54	36.89	42.26
biwkly	2523.20	2951.20	3380.80
approx. annual	65603.20	76731.20	87900.80
Enterprise Server Load to Web: 7/15/2020			

FY 18-19 41.43

Class Number: 002285
Class Title: Chief Dep Medical Examiner
Date Last Chg: 6/19/2020

Salary	Minimum	Control Pt.	Maximum
hourly	86.48	110.78	135.08
biwkly	6918.40	8862.40	10806.40
approx. annual	179878.40	230422.40	280966.40
Enterprise Server Load to Web: 7/15/2020			

FY 1819 128.34



County of San Diego

ANDREW POTTER, CCB
EXECUTIVE OFFICER/CLERK

CLERK OF THE BOARD OF SUPERVISORS
1600 PACIFIC HIGHWAY, ROOM 402, SAN DIEGO, CALIFORNIA 92101-2471
PHONE (619) 531-5600 FAX (619) 338-8146
www.sandiegocob.com

ERIN DEMOREST
ASSISTANT CLERK OF THE BOARD

May 29, 2020

To: Elected Officials
Department Heads

From: Andrew Potter
Clerk of the Board of Supervisors

REQUEST FOR INFORMATION FOR THE 2019-20 ANNUAL VOLUNTEER REPORT

In accordance with Board Policy A-130, "County of San Diego Volunteer Policy," my office is beginning the preparation of the Annual Volunteer Report for Fiscal Year 2019-20. The report is a compilation of data provided by departments that utilized volunteers during the fiscal year.

If your department utilized services from volunteers this fiscal year, please complete the attached Volunteer Report Form. Please be as descriptive as possible when describing your volunteer program and activities.

Please submit the completed form by Friday, July 17, 2020, via e-mail to diana.lopez@sdcounty.ca.gov or by inter-office mail to Diana Lopez at Mail Stop A-45.

Electronic versions of the forms are available on the Clerk of the Board's website at www.sandiegocounty.gov/content/sdc/cob/forms.html. To view your department's past reports, the Annual Volunteer Report for Fiscal Year 2018-19 is also available on the volunteer website at: www.sandiegocounty.gov/volunteer.

If you have any questions, please contact me or Senior Board Assistant Diana Lopez at (619) 531-4966. Thank you.

Sincerely,



ANDREW POTTER

cc: Helen N. Robbins-Meyer, Chief Administrative Officer
Department Volunteer Coordinators

Attachment

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM - INSTRUCTIONS
PERIOD JULY 1, 2019 - JUNE 30, 2020**

GENERAL INSTRUCTIONS

Every Department utilizing volunteers is to complete this form. Departments with multiple programs may submit separate reports for each program. Completed reports are due by July 17, 2020.

The submitted report(s) should be ready for inclusion in the consolidated report to the Board of Supervisors. A Word and Excel version is available on our website at: www.sandiegocounty.gov/content/sdc/cob/forms.html, or you may contact Diana Lopez at (619) 531-4966.

The Department Head is to sign the completed report(s) prior to submittal to the Clerk of the Board.

SPECIFIC REPORTING INSTRUCTIONS

1. **Department Information:** List Department. Note Division/Unit if multiple reports are being submitted by Department.
2. **Volunteer Program Benefits:** The purpose of this section is to estimate the dollar benefit of the services provided by volunteers. There are three parts to this section:
 - a) **General Volunteers** - this section should include all individuals who volunteer and would not be included in the other two categories (Institutional and Specialized). The volunteered hours are multiplied by \$29.95, which is the current estimated value of volunteer time. This figure comes from the Independent Sector, a non-profit research group committed to volunteerism and philanthropy in the United States. This figure is updated annually and is based on figures published in the Economic Report to the President.

If you wish to spell out tasks and assign a verified rate to the services performed, it is more appropriate to list those volunteers under section C - Specialized Volunteers.
 - b) **Institutional Volunteers** - this section should list all volunteers who are performing community service and/or fulfilling mandated legal requirements, such as probation workers, GAIN workers, etc. Like the General Volunteer category above, the hours volunteered for this category are multiplied by \$29.95.
 - c) **Specialized Volunteers** - this section is used to list volunteers who are performing specialized services such as an attorney, physician, etc., where there is a verifiable compensation level. The hours for this category are multiplied by the assigned verifiable compensation level.
 - d) Insert the information from 2a, 2b, and 2c in the appropriate blocks and then total all columns.

3. Donations to Volunteer Program: List all donations to the Department Volunteer Program beyond the services of volunteers. Items such as computers, books, transportation, etc., should be included. Assign a fair market value to each and total all donations.
4. Volunteer Program Costs: The costs associated with running the program should be included here. These include:
 - a) Cost of Direct Supervision for those directly supervising program volunteers. Only hours attributable to direct volunteer supervision should be included here.
 - b) Cost of Program Coordination for those who serve as Department Volunteer Coordinators. Only hours attributable to Program Coordination should be included here.
 - c) Other Program Costs include training materials/supplies, recognition costs, etc.
 - d) Total of volunteer program cost. Add blocks 4a, 4b, and 4c.
5. Net Benefit to Department from Volunteer Program: The net benefit is derived by adding the Dollar Benefits category (Item 2d) AND the Donations category (Item 3), and then subtracting the Volunteer Costs category (Item 4d).
6. Recruiting: Describe your recruiting program.
7. Special Volunteer Program Activities/Achievements: Describe any special activities and/or achievements for the reporting period.
8. Volunteer Program Goals for Fiscal Year 2019-2020: Describe program goals for the next fiscal year, including activities, number of volunteers, recruitment, training, recognition and other goals.
9. General Information: Include Telephone Numbers, Mail Stop and E-mail address for person completing report and Volunteer Coordinator.
10. Department Certification: The report must be signed by the Department Head prior to transmittal/mailing to the Clerk of the Board.

Please submit the completed form by Friday, July 17, 2020, via e-mail to diana.lopez@sdcounty.ca.gov or by inter-office mail to Diana Lopez at Mail Stop A-45.