



**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2020 - JUNE 30, 2021  
Deadline: July 16, 2021**

**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.	1	Hours	148	X	\$33.61	=	\$4,974.28
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Types of work performed by GENERAL VOLUNTEERS in this category:

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

No. of Vol.		Hours		X	\$33.61	=	\$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	516		\$22.65		\$11,687.40
Epidemiologist	113.5		\$36.98		\$4,197.23
					\$0.00
					\$0.00
					\$0.00

No. of Vol.	2	Total Hours	630	Total Value =	\$15,884.63
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Epidemiologist provides SIDS support and collects statistical data, working with Rady's Children's Hospital. Chaplain provides peer support internally and to families at death scenes. Chaplain also assist with obtaining family consent for brain research.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	1	148	\$4,974.28
2b.	0	0	\$0.00
2c.	2	630	\$15,884.63

Total Vol.	3	Hours	778	Total Value =	\$20,858.91
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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	72	X	Rate	\$67.95	=	\$4,892.40
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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	36	X	Rate	\$43.11	=	\$1,551.96
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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)	=	\$6,444.36
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**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$20,858.91</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>\$6,444.36</u>

**TOTAL PROGRAM BENEFIT**

<b>\$14,414.55</b>
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**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 2020-21:**

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  
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Volunteer Coordinator: Guadalupe Giraldo  
Phone: 858-694-2894 Mail Stop: O-10 E-Mail: [Guadalupe.Giraldo@sdccgov.org](mailto:Guadalupe.Giraldo@sdccgov.org)

**10. DEPARTMENT CERTIFICATION:**

  
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DEPARTMENT HEAD SIGNATURE

15 JUL 21  
DATE