



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2021 - JUNE 30, 2022
Deadline: July 15, 2022**

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.	3	Hours	326.1	X	\$35.56	=	\$11,596.12
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Types of work performed by GENERAL VOLUNTEERS in this category:

- Administrations: Filing and special projects.
- Investigations: Assisting with John/Jane Doe cases, filing and special projects.
- Exam Room: Stocking supplies and special projects.
- Toxicology: Filing, cleaning glassware and special projects.

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

No. of Vol.		Hours		X	\$35.56	=	\$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	738		\$22.65		\$16,715.70
Epidemiologist	146.38		\$38.09		\$5,575.61
					\$0.00
					\$0.00
					\$0.00

No. of Vol.		Total Hours	884	Total Value =	\$22,291.31
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Chaplain provides peer support internally and at death scenes. Family consent facilitated for research.
 Epidemiologist: provides SIDS support and compiles statistical data.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	3	326.1	\$11,596.12
2b.	0	0	\$0.00
2c.	2	884	\$22,291.31
Total Vol.	5	Hours 1,210	Total Value = \$33,887.43

3. DONATIONS TO VOLUNTEER PROGRAM:

Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____

TOTAL VALUE = \$0.00

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 X Rate =

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 =

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

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

TOTAL OF OTHER PROGRAM COSTS =

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

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$33,887.43</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>\$6,352.20</u>

TOTAL PROGRAM BENEFIT

\$27,535.23

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:

Decedent identification. The volunteers assisted in the identifying of decedents that have been in our care.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2021-22:

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@sdccol.org
Volunteer Coordinator: Guadalupe Giraldo
Phone: 858-694-2894 Mail Stop: O-10 E-Mail: Guadalupe.Giraldo@sdccol.org

10. DEPARTMENT CERTIFICATION:



DEPARTMENT HEAD SIGNATURE

7/15/22

DATE

FY2122 Volunteers - General

Division	Name	Start Date	End Date	Jul-2021	Aug-2021	Sep-2021	Oct-2021	Nov-2021	Dec-2021	Jan-2022	Feb-2022	Mar-2022	Apr-2022	May-2022	Jun-2022	Total Hours
Adm	Marina Covarubias			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	22.5	91.0	34.5	26.0	174.0
Inv	Roberts, Emily			x	x	x	x	x	x	x	4.0	9.0	4.0	8.6	3.5	29.1
				0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.0	31.5	95.0	43.1	29.5	203.1

FY2122 Volunteers - Specialized

Adm	Davis, Joe	11/10/2000		58.0	116.0	82.0	64.0	80.0	72.0	102.0	96.0	90.0	15.0	70.0	68.0	913.0
Path	Haas, Elisabeth	3/1/2012		22.0	17.0	30.0	9.0	24.0	7.0	14.3	3.5	0.0	6.3	8.8	5.0	146.8
Exam	Figueroa, Karen	12/1/2021		x	x	x	x	x	26.0	17.0	16.0	20.0	16.0	16.0	12.0	123.0
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
				80.0	133.0	112.0	73.0	104.0	105.0	133.3	115.5	110.0	37.3	94.8	85.0	1182.8

Division	Name	Start Date	End Date	Jul-2020	Aug-2020	Sep-2020	Oct-2020	Nov-2020	Dec-2020	Jan-2021	Feb-2021	Mar-2021	Apr-2021	May-2021	Jun-2021	Total Hours
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FY2021 Volunteers - Resigned

Class Number: 002700
Class Title: Office Assistant
Date Last Chg: 7/1/2022

Step Number	Percentage Between Steps	Hourly	Biweekly	Annual Rate Top & Bottom
1	0.0	17.49	1399.20	36379.20
2	5.0	18.36	1468.80	38188.80
3	5.0	19.28	1542.40	40102.40
4	5.0	20.24	1619.20	42099.20
5	6.2	21.50	1720.00	44720.00
Enterprise Server Load to Web: 7/14/2022				

** \$16.36 FY2122 earnings

Class Number: 005741
Class Title: Medical Examiner Invest I
Date Last Chg: 7/1/2022

Step Number	Percentage Between Steps	Hourly	Biweekly	Annual Rate Top & Bottom
1	0.0	25.32	2025.60	52665.60
2	5.0	26.59	2127.20	55307.20
3	5.0	27.92	2233.60	58073.60
4	4.9	29.29	2343.20	60923.20
5	6.1	31.08	2486.40	64646.40
6	5.0	32.63	2610.40	67870.40
7	5.0	34.26	2740.80	71260.80
Enterprise Server Load to Web: 7/14/2022				

** \$22.65 FY2122 earnings

Class Number: 004172
Class Title: Epidemiologist I
Date Last Chg: 7/1/2022

Step Number	Percentage Between Steps	Hourly	Biweekly	Annual Rate Top & Bottom
1	0.0	38.82	3105.60	80745.60
2	5.0	40.76	3260.80	84780.80
3	5.0	42.80	3424.00	89024.00
4	5.0	44.94	3595.20	93475.20
5	6.2	47.73	3818.40	99278.40
Enterprise Server Load to Web: 7/14/2022				

** \$38.09 FY2122 earnings

Class Number: 005792

Class Title: Supv Medical Examiner Investigator
Date Last Chg: 7/1/2022

Step Number	Percentage Between Steps	Hourly	Biweekly	Annual Rate Top & Bottom
1	0.0	40.32	3225.60	83865.60
2	5.0	42.34	3387.20	88067.20
3	5.0	44.46	3556.80	92476.80
4	5.0	46.68	3734.40	97094.40
5	5.0	49.01	3920.80	101940.80
Enterprise Server Load to Web: 7/14/2022				

** \$43. FY2122 earnings

Class Number: 002368
Class Title: Admin Services Mgr I
Date Last Chg: 7/1/2022

Step Number	Percentage Between Steps	Hourly	Biweekly	Annual Rate Top & Bottom
1	0.0	43.06	3444.80	89564.80
2	5.0	45.21	3616.80	94036.80
3	5.0	47.47	3797.60	98737.60
4	5.0	49.84	3987.20	103667.20
5	5.0	52.33	4186.40	108846.40
Enterprise Server Load to Web: 7/14/2022				

** \$40.13 FY2122 earnings

Class Number: 002328
Class Title: Departmental HR Officer
Date Last Chg: 7/1/2022

Salary	Minimum	Control Pt.	Maximum
hourly	34.05	39.85	45.65
biwkly	2724.00	3188.00	3652.00
approx. annual	70824.00	82888.00	94952.00
Enterprise Server Load to Web: 7/14/2022			

** \$ 43.11 FY 2122

Class Number: 002180
Class Title: Chief Medical Examiner
Date Last Chg: 7/1/2022

Salary	Minimum	Control Pt.	Maximum
hourly	101.63	129.74	157.85
biwkly	8130.40	10379.20	12628.00
approx. annual	211390.40	269859.20	328328.00
Enterprise Server Load to Web: 7/14/2022			

** \$ 140.10 FY 2122

140.10+43.11+40.13+43.32=266.66/4=\$66.67 (supervision)



County of San Diego

ANDREW POTTER, CCB
EXECUTIVE OFFICER/CLERK

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RYAN SHARP
ASSISTANT CLERK

ANN MOORE
CHIEF DEPUTY CLERK

May 20, 2022

To: Elected Officials
Department Heads

From: Andrew Potter
Clerk of the Board of Supervisors

REQUEST FOR INFORMATION FOR THE 2021-22 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 2021-22. 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 15, 2022, via e-mail to marylyn.gines@sdcounty.ca.gov or by inter-office mail to Marylyn Gines at Mail Stop A-500.

Electronic versions of the forms (both Word and Excel format) 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 2020-21 is also available on the volunteer website at: www.sandiegocounty.gov/volunteer.

If you have any questions, please contact me or Legislative Assistant Marylyn Gines at (619) 531-5700. Thank you.

Sincerely,


ANDREW POTTER

cc: Department Volunteer Coordinators

Attachment