



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2025 - JUNE 30, 2026
Deadline: August 17, 2026**

1. DEPARTMENT INFORMATION:

Department: Medical Examiner
Division/Unit: Admin/Investigations/Exam Room/Toxicology/Pathology

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	12	Hours	3257.9	X	\$41.75	=	\$136,017.33
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Types of work performed by GENERAL VOLUNTEERS in this category:

Administration: Filing and Special Projects

Investigations: Filing and Special Projects with Jane/John Does

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	\$41.75	=	\$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	1714		\$31.95		\$54,762.30
Epidemiologist	181		\$42.63		\$7,716.03
Pathology Assistant Students	3608		\$29.93		\$107,987.44
Medical Students	4968		\$52.49		\$260,770.32
Residents	1456		\$135.96		\$197,957.76

No. of Vol.	61	Total Hours	11,927	Total Value =	\$629,193.85
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Chaplain: Provides peer support internally and at death scenes for family. Obtains family consent for research.

Epdemiologist: Provides SIDS support and compiles statistical data for research.

Pathology Assistant Students: Help Forensic Autopsy Specialists with intake and release of decedents and assist Deputy Medical Examiner's with autopsies.

Medical Students and Residents: Conducts autopsies and writes reports with supervision

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a. 12	3257.9	\$136,017.33
2b. 0	0	\$0.00
2c. 61	11,927	\$629,193.85
Total Vol.	73 Hours	15,185
Total Value =		\$765,211.18

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	1900	X	Rate	\$83.57	=	\$158,783.00
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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	48	X	Rate	\$67.52	=	\$3,240.96
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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)	=	\$162,023.96
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$765,211.18</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>\$162,023.96</u>

TOTAL PROGRAM BENEFIT

\$603,187.22

6. RECRUITING:

Please describe your recruiting programs:

Volunteers are recruited through the County of San Diego website, Medical Examiner's website and by establishing direct contact with colleges, universities and medical centers. All volunteers are selected from specialized fields relevant to our department's operations, such as pathology, criminal justice, toxicology and related health disciplines. Participation allows volunteers to fulfill educational or internship requirements while providing support to our department. 2 volunteers are from Jay's Program, which helps adults with autism get acclimated to the work force and prepare them for successful careers, once they have graduated from the program.

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:

Volunteers assist in the identification of decedents by conducting thorough searches for families by using different resources to assist in confirming the identity. They also provide assistance with intake and release of decedents and help during autopsies under direct supervision.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2025-26:

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

To support the operation of the department, we will continue to build a volunteer workforce to supplement our current staffing level. By using volunteers, we are essentially expanding our workforce by being able to have volunteers assist in maintaining operational effectiveness and improve response times to families and external stakeholders. The volunteer program fosters a mutually beneficial environment when volunteers gain valuable field experience while contributing to the community.

9. GENERAL INFORMATION:

Name of person completing report:	Kaleb Soliz		
Phone: 858-505-6807	Mail Stop: O10	E-Mail:	kaleb.soliz@sdcounty.ca
Volunteer Coordinator:	Guadalupe Giraldo		
Phone: 858-694-2440	Mail Stop: O10	E-Mail:	guadalupe.giraldo@sdcc

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE

