



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2015 - JUNE 30, 2016
Deadline: July 15, 2016**

COUNTY OF SAN DIEGO
2016 JUL 15 AM 8:33
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT INFORMATION:

Department: Medical Examiner
Division/Unit: Administration/Investigations/Pathology

2. VOLUNTEER PROGRAM BENEFITS:

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

No. of Vol.	9 Hours	324.5	X	\$23.56	=	\$7,645.22
-------------	---------	-------	---	---------	---	------------

Types of work performed by GENERAL VOLUNTEERS in this category:

Administration/Investigation: answer incoming phone calls and route appropriately, filing and special projects.

Pathology: researching cases and updating the case management system.

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

No. of Vol.	Hours		X	\$23.56	=	\$0.00
-------------	-------	--	---	---------	---	--------

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

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

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 **\$55.89** = **\$4,024.08**

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 **\$33.85** = **\$1,218.60**

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

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

TOTAL OF OTHER PROGRAM COSTS = **\$0.00**

d. TOTAL OF VOLUNTEER PROGRAM COST = **\$5,242.68**
(add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$55,866.12</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>\$5,242.68</u>

<u>TOTAL PROGRAM BENEFIT</u>	\$50,623.44
------------------------------	--------------------

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 2016-17:

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:	<u>Theresa Liget</u>		
Phone: <u>(858) 694-3072</u>	Mail Stop: <u>O-10</u>	E-Mail:	<u>Theresa.Liget@sdcount</u>
Volunteer Coordinator:	<u>Guadalupe Giraldo</u>		
Phone: <u>(858) 694-2894</u>	Mail Stop: <u>O-10</u>	E-Mail:	<u>Guadalupe.Giraldo@sd</u>

10. DEPARTMENT CERTIFICATION:

	<u>July 14, 2016</u>
<u>DEPARTMENT HEAD SIGNATURE</u>	<u>DATE</u>