



OFFICE OF THE CORONER

Coroner: Hayley Thompson, D-ABMDI
Phone: 360-416-1996 Fax: 360-848-1173
coroner@co.skagit.wa.us
1700 Continental Place
Mount Vernon, WA 98273

ROLE OF THE INTERN

The role of an intern at the Coroner's office is as follows:

1. Assist deputy coroners:
 - a. Each intern is assigned a deputy coroner to shadow for the duration of the internship. This opportunity is designed to educate and gain hands-on experience from an investigator's perspective. Interns will observe real-time death calls, provide feedback on jurisdictional cases, review medical records and police reports, enter cases and data into MDI log, and assist deputies with daily duties. There will be an opportunity to go out to death scenes, record findings, and photograph the scene. The intern will utilize this time to take note of their observations and discuss them with the deputies.
2. Assist deputy coroner and forensic pathologist
 - a. Our internship program is designed to be a hands-on experience. This includes getting bodies out of the cooler and setting up the proper supplies needed for each exam. You will assist the deputy coroner with photography of the body, anatomical findings, personal property, and evidence from each exam. You will assist in recording organ weights and make notes of any other pertinent information as instructed by the pathologist. You will observe the pathologist as they dissect the organs. Once autopsies are complete, you will help clean the autopsy suite and all tools from the exams. Please ask before touching any sharp items. You will also help restock supplies in the autopsy suite as well as keep track of our cooler inventory.
3. Assist with daily office duties
 - a. You'll be given the opportunity to see how our office runs from every perspective. After examinations, interns will assist with general office duties such as filing documents, pulling case files, entering data into MDI log, performing data abstracts for outlined cases and special projects.
4. Review older case files and photographs
 - a. You will have the opportunity to review old and new case files within our office. You will also be able to review all photographs from cases while in our office. This will aid in becoming more familiar with specific findings and circumstances pertaining to the various death classifications.
 - b. ALL CASE INFORMATION IS PROTECTED AND MUST NOT BE SHARED OUTSIDE OF THE CORONERS OFFICE.
5. Dress Code
 - a. The dress code for the office is black shirt and black work pants. No open toed shoes are allowed in office. Must wear boots or steel toed shoes for scene calls. During autopsies, scrubs must be worn.
6. Availability
 - a. You will be assigned certain day(s) and hour(s) depending on the agreed schedule for the internship. If you are unavailable or have any schedule changes, you are required to contact the Chief Deputy Coroner and Coroner. Advanced notice is expected unless it is an emergency situation or illness.
 - b. If you agree to be available after hours or on weekends, then you must make sure that you have provided a working phone number and have it available to answer.



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7. Cell phones and social media
 - a. Taking photos with your cell phone is prohibited in the office. The use of personal cell phones will be limited to emergency use only. Any reference to the Skagit County Coroner's Office in social media must be made in a professional regard.
8. Confidentiality
 - a. As a participant of the Skagit County Coroner's Office Internship program, I will maintain a professional attitude at all times. I will keep any and all case information from the Skagit County Coroner's Office private and confidential. Including but not limited to: case file information, information obtained from participating in a scene call or ride along or any information obtained in the participation/viewing of an autopsy or consult and any discussion between coroner's office staff or other agencies regarding any and all cases. Failure to comply with these guidelines will result in my dismissal from the program along with any legal consequences that may apply.

PRINTED NAME: _____ WITNESS: _____

SIGNATURE: _____ DATE: _____