VOLUNTEER INJURY/INCIDENT REPORT

Used for both major and minor incidents. Examples include: cuts & scrapes, broken bones, disruptive volunteers, visits to the hospital.

IN CASE OF **SERIOUS** EMERGENCY:

1. CALL 911
2. FILL OUT THIS FORM (for both serious and minor incidents)
3. RETURN IT TO _____ **ASAP**

Date of Injury/Incident:		Time:	Was 911 Called? ☐Yes ☐No
Name of Volunteer:			
Street:			
City, State, Zip:			
Phone number:	( ) - Ext:	Email:	
Name of Project Leader:			
Street:			
City, State, Zip:			
Phone number:	( ) - Ext:	Email:	

Part A: VOLUNTEER

To be completed, signed, and dated by the volunteer.
If the injured person cannot fill out the description, a witness can do so.

1. Detailed description of injury/incident (attach, sign and date additional pages if needed):

2. VOLUNTEER Signature:	**Date:**

Part B: WITNESS

To be completed, signed, and dated by a witness to the incident.

1. Witnesses (include name/address/phone number):

2. Detailed description of injury/incident as witnessed (attach, sign and date additional pages if needed):

3. WITNESS Signature:	**Date:**

Is follow-up necessary?	☐Yes ☐No	If so, with whom?	
Accident reported by:			
Report submitted by:			**Date:**