



Volunteer Report of Accident/Injury

The volunteer must complete this report as soon as possible following an accident/injury. This report must be provided to and signed by the supervisor within 24 hours of the accident/injury.

Name of injured: _____ Date of Injury: _____ Time of Injury: _____ AM PM

Social Security # _____ Date of Birth: _____ Phone Number: _____

Home address: _____

Name of Witnesses (if any): _____

Where exactly did the injury/accident happen? _____

What were you doing at the time? _____

Describe step by step what led up to the injury and the circumstances that caused the injury:

What could have been done to prevent this injury from happening? _____

What part(s) of your body were injured? _____

Did you see a doctor for this injury? Yes No

If yes, whom did you see? _____ Doctor's Phone Number: _____

Date: _____ Time: _____ AM PM

If you did not see a physician, was any first aid rendered? Yes No

If yes, by whom? _____

Volunteer's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____