



VOLUNTEER ACCIDENT REPORT

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE ABOUT THE ACCIDENT.

\*\*\*\*PLEASE PRINT\*\*\*\*

Name of School/Parish: \_\_\_\_\_

Location Address: \_\_\_\_\_

Name of Injured Volunteer \_\_\_\_\_ Gender: [ ] M [ ] F DOB: \_\_\_\_\_ mm/dd/yyyy

Volunteer's Complete Mailing Address:

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

Date of Accident (mm/dd/yyyy): \_\_\_\_\_ Time: \_\_\_\_\_

Location of Accident (e.g., office, church, school, etc.): \_\_\_\_\_

Nature and Type of Injury (e.g., right arm, left leg, etc.): \_\_\_\_\_

Did the injury require medical treatment after accident? [ ] Yes [ ] No [ ] Unknown

\*\*If YES, a DOB and home address is required to process this claim.

Detailed Description of Accident (use back for additional space):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Aid Given: \_\_\_\_\_

Staff Person Giving Aid: \_\_\_\_\_

Name of Person Completing Report: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title/Position of Person Completing Report: \_\_\_\_\_

Signature of Person Completing Report \_\_\_\_\_

Signature of Location Supervisor \_\_\_\_\_ Date \_\_\_\_\_