

VOLUNTEER EVENT INCIDENT REPORT

Complete all sections. Submit to your Event Coordinator within 24 hours of the incident. Event Coordinator may attach reports or additional information to the Volunteer Event Incident Report.

Instructions

Volunteers and the Event Coordinator must complete this Volunteer Event Incident Report whenever an injury, illness, safety concern, property damage, conflict, or other notable incident occurs during a volunteer event.

Incident reporting ensures there is an official record on file and helps our neighborhood associations maintain a safe, welcoming environment for all volunteers, participants, and community members.

This Volunteer Event Incident Report does not constitute a legal claim or admission of fault. It is an internal record used to document what occurred and to guide any necessary follow-up actions.

If an injury or illness requires medical treatment beyond basic first aid, the individual should seek care through their personal health insurance plan. Volunteers are not covered under workers' compensation insurance.

Date of Incident: _____ / _____ / _____ (MM / DD / YYYY)

Time of Incident: _____ AM PM

Nature of Incident:

Injury Illness Theft Altercation Property Damage Mechanical Fire

Other: _____

Event Location / Address: _____

Persons Involved:

Name	Age	Phone	Address
1. _____			
<input type="checkbox"/> Injured/Involved <input type="checkbox"/> Witness			
2. _____			
<input type="checkbox"/> Injured/Involved <input type="checkbox"/> Witness			
3. _____			
<input type="checkbox"/> Injured/Involved <input type="checkbox"/> Witness			

Attach additional pages if more space is needed.

Event Coordinator Name: _____

Event Coordinator Phone: _____

Event Coordinator Email: _____

Present at Time of Incident? Yes No

Were Photos or Video Taken? Yes No

Description of Incident: *Provide a factual account of what happened. Be specific. Include the sequence of events leading up to, during, and immediately after the incident.*

Medical Response

Injury Type:

Cut Fracture/Break Concussion Sprain Dislocation Puncture

Other: _____

Injury Location on Body: _____ Left Right

Was First Aid Provided? Yes No

If Yes, Describe First Aid Provided: _____

Was Emergency Medical Services (EMS) Called? Yes No

Was the Parent/Guardian Notified (If Incident Involved a Minor)? Yes No N/A

If Yes, Name of Person Notified: _____

Time Notified: _____

Describe the immediate steps taken to address the incident, ensure safety, and prevent further harm.

Additional Notes

Report Submitted By

I, the undersigned, have completed this form to the best of my ability, with no willful misrepresentations, omissions, or falsifications.

Signature: _____

Name: _____ **Date:** _____