

INTERFAITH SENIOR PROGRAMS
VOLUNTEER REPORT OF INJURY

VOLUNTEER INFORMATION

Name of volunteer: _____

Volunteer phone #: _____

If client was involved:

Name of client: _____ Client phone #: _____

TYPE OF INCIDENT

Check all that apply

_____ Injury to volunteer _____ Injury to client

DESCRIPTION OF INCIDENT

Date: _____ Time: _____ am/pm

Location: _____

Description: _____

INJURIES

Persons injured: _____ Phone #: _____

Extent of injuries: _____

Did individual seek medical attention? Y / N

If yes, name and address of treating physician: _____

Volunteer's Signature Date

Executive Director's Signature Date