Volunteer Incident Report

This form should be completed for every accident, injury, or dangerous event that takes place while volunteering for the School District of Waupaca. The purpose of this form is to document the events, find their cause, and prevent future incidents.

Please complete the details below and attach all relevant documentation.

Name:_____ Date:_____

(please print)

Address:_____

Postal Code:_____ Telephone:_____

Email Address:_____

Details of the incident:

Date of Incident: _____/_____/_____ Time: _____:_____ AM or PM

Where did it occur?_____

_____

What was the nature of the incident? (e.g. accident, injury, dangerous event):

_____

_____

What were the circumstances? (What activities were taking place, what happened during the incident, and why you think the incident occurred)

_____

_____

_____

_____

Were other people involved? (Directly or present at the incident; list names)

_____

_____

_____

_____

Was first aid/ medical treatment provided? (At the time of the incident or after)

Yes ____ No___

If yes, where and when was medical treatment provided:_____

_____
_____
_____
_____.

Were there any witnesses? Yes_____ No_____
If yes, name of witness
Email:_____ Phone Number:_____

Recommendation (What actions do you believe should be taken to prevent similar incidents in the future)

_____
_____
_____

Employer Section:

Date Notified:_____
Signature:_____